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THE PART TOURNESS THAT	ate has been signed by t	ate Dept. of Health and
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id Fill Oldenin. The law toquite under	er this certificate has been signed by t	ath with the State Dept. of Health and
DING FILLDIONAL THE IGH TOUGHT OF THE IS	After this certificate has been signed by t	c ath with the State Dept. of Health and
CADING FILLDIONAL THE ION TOWNED WITH IN	IR: After this certificate has been signed by t	ter c ath with the State Dept. of Health and
A CHOING FILLDIONAL THE IGH TOUGHT OF THE IS	CTOR: After this certificate has been signed by t	after c ath with the State Dept. of Health and
A SECTION OF THE POST OF THE PARTY OF THE PA	RECTOR: After this certificate has been signed by t	urs after cath with the State Dept. of Health and
AL ON ALLENDING FILLDIONN. THE SAME ENGINEER OF STREET, STREET	AL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi	? hours after cath with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

Wyman, M.D.,

32 REGISTRAR'S SIGNATURE
Julia Davidson Randall

31. DATE FILED (Month, Day, Year)
APR 03 90

	FOR STATE REGISTRAR	STATE OF I	MARYLAI	ND / DEPAI	RTMENT	OF H	EALTH DEA	AND I	MENTAL	HYGIEN REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)						*** ***			F DEATH		WEAR	3. TIME OF DEATH
	Bertha		Olga			Bri	gade	er	Apr	il 1,		YEAR	11:10 PM M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (in	yrs. last birthday)	IF UNDER		IF UNDER		7. DATE C	F BIRTH		8. BIRTH	PLACE (State or Foreign
	114-03-1001	1 🗆 M 2 🖫 F	92	YRS.	MONTHS	DAYS	HOURS	MIN.		Day, Year) 1 11,	1891	Count	m atvia
	9e. FACILITY NAME (If not institution, give st		52		9b. CITY	TOWN C	R LOCATI	ON OF DE		<u> </u>		NTY OF D	
œ	Kensington Garden	c Nurcin	a Hom			V	noir	ngtor			Mo	2400	
DIRECTOR	RESIDENCE OF DECEDENT	S NUISIII	у пош	ie	L	Ve	HSTI	ig tor	1		MC	ntgo	mery
E E	10e. STATE 10b. COUNTY	,		10c. Cl	TY, TOWN C	R LOCAT	ION						10d. INSIDE CITY LIMITS?
5	Maryland Mont	gomerv			Ker	sin	rton						1 ☐ YES 2√√ NO
	10e. STREET AND NUMBER	,					ZIP COD	ε			10g. CIT	IZEN OF	WHAT COUNTRY?
E	3000 McComas Ave	nue					20	0895			, r	J.S.A	1
FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN	IT EVER IN U	J.S. ARMED	13.	WAS DEC			NC ORIGIN	(Specify Yes		14. RAC	E — American Indien,
	1 Never Married 2 Married	FORCES? 1				f yes, sp	acify Cub	on, Mexica Specify	n, Puerto R	icen, etc.)		Spec	k, While, etc.
84	3 Wildowed 4 Divorced				-		XX	opeon	,.			9000	White
	15. DECEDENT'S EDUC (Specify only highest grade		1	16a. DECEDENT	S USUAL O	CCUPATIO	ON of a control	na.	16b.	KIND OF BU	SINESS/INI	DUSTRY	
<u> </u>	Elementery/Secondary (0-12)	College (1-4 or 5	+)	(Give kind of ilfe. Do NOT	rse retired.)	doning mo	at br works	ng.					
립	12			Homema	ker						own l	ome	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOT	HER'S NA	ME (First, M	iddle, Maiden	Sumeme)		
BEC	Not av	ailable							Not	avail	able		
	19e. INFORMANT'S NAME (Type/Print)			19b. MAILIN	G ADDRESS	S (Street e	nd Numbe	r or Rural i	Route Numb	er, City or Tow	n, State, Zi	o Code)	
일	William A. Volkma	n, Jr.		4308	Gler	rid	re St	treet	t. Ke	nsing	ton.	Mary	vland 20895
	20a. METHOD OF DISPOSITION		20b. F	PLACE OF DISPO							CATION —		
	1 Buriel 2 Cremetion 3 Remediate Constitution 5 Other (Specify)	oval from Stale		rklawn	Memo	ria	l Pai	rk		RO	ckvil	lle.	Maryland
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			22.	NAME A	ND ADDRE	SS OF FA					
	120-0-C	2	0	M0052	2   F	lobe: leth	rt A esda·	. Pur -Chev	mphre vv Ch	y Fundase.	eral Inc.,	Home 755	e 57 Wisconsin
	23. PART I. Enter the diseases, or o	amallactions th	المعادمة	the death De	P	ven	ie. I	Rethe	eŝda.	Mary	land	208	7 Wisconsin 314-3501   Approximate
	ahock, or heart failure.				not enter	the mc	da or dy	mig, suc	n ee caru	iac or reap	iretory ar	reat,	interval Between
	iMMEDIATE CAUSE (Final disease or condition												Onset and Desth
	resulting in death)	41		ac-res		atoı	су а	rre	st				immed
				CONSEQUENCE									1.5
S	Sequentially list conditions,			ioscle		ic t	near	t d	ısea	se			15 yrs
CERTIFICATION	if any, leading to immediate cause, Enter UNDERLYING			alized		ter	iosc	ler	osis				25 yrs
윤	CAUSE (Diseesa or Injury that initieted events	c		CONSEQUENCE									-
E	resulting in death) LAST												
핑		d											
AF	PART II. Other significent condition	a contributing to	death bu	t not resulting	in the u	nderiyin	g ceuse	given in	Part i.	24e. WAS AN		241	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
5										1 TYES >			COMPLETION OF CAUSE OF DEATH?
WE I													1   YES 2   NO
PHYSICIAN: MEDICA													
M	25. WAS CASE REFERRED TO MEDICAL					26, P	LACE OF	DEATH (Ch	neck only on	9)			
SIC	EXAMINER?	HOSPITAL:	☐ ER/Outpat	tlent 3 🗆 DOA	OTHE 4(XNu		ne 6 🗆 F	Reeldence	8 🗆 Other	(Specify)			
₹	27. MANNER OF DEATH	28a, DATE O	F INJURY Day, Year)	28b. T		28c. IN.	JURY AT			CRIBE HOW	INJURY O	CURED	
BY P	XX Natural 5 Pending Investigation	(Moran,	Day, roary		М		YES 2	□ NO					
	2 Accident 3 Suicide 8 Could not be	28e. PLACE	OF INJURY -	– At home, farm	street, fac	tory, offic	ie.		28f. LOC	ATION (Street or Town, State	end Numbe	or or Runal	Route Number,
TE	4 Homicide determined		,										
PE	290. CERTIFIER (Check only 1 XXCERTIFYING PHYS	ICIAN: To the best o	f my knowle	dge, death occu	rred at the	time, date	end plac	e, end due	e to the cau	se(e) end ma	nner ee st	nted.	
COMPLETED	ann)	R: On the beele of	examination	end/or investiga	tion, in my	opinion,	death occi	ured at the	time, date	end plece, e	nd due to	the cause	(e) end menner as stated.
	286. BIGNATURE AND STLE OF CERTIFIE	n			-		29c. LIC	CENSE NU	MBER		29d. DA	TE SIGNE	D (Month, Day, Year)
BE	(1)110	(4)					-	1.13	156		•	Apri	1 2, 1990
2	30. NAME AND ADDRESS OF PERSON WI	D COMPLETED CAL	ISE OF DEA	TH (ITEM 27) (%	on Print)			3	130			TINTT	- 4, 177U

7801 Norfolk Avenue, Bethesda, Maryland

DHMH-16 Ray 1/89

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTMENT O		MENTAL HYGIEN	_	11002
1. OECEOENT'S NAME (First, Midde JAMES	//	10		2. DATE OF DEATH DO	-	160 0
4. SOCIAL SECURITY NUMBER 241-52-064		773. lest birthdey) IF UNDER 1 YI YRS. MONTHS D	AR IF UNDER 24 HRS. WE HOURS MIN.	7. DATE OF BIRTH	8. B	ARTHPLACE (Steep or Foreign ountry) North arolina
	el Medical Cen		wn or location of di apolis	EATH	Anne	Arundel
RESIDENCE OF DECEDED 10a. STATE 10b	COUNTY	10c. CITY, TOWN OR L	OCATION			10d. INSIDE CITY LIMITS?
Maryland  100. STREET AND NUMBER	Anne Arundel	Annap	Olis 101. ZIP CODE		10g. CITIZEN	1 LAYES 2 NO
11 42 Pine	Mont Place, Ap	J.S. ARMED 13, WAS	21403		or No.— 14.1	S . A .  RACE — American Indian,
1 Never Married 2 Name 1 Never Married 2 Name 2 Nam	FORCES? 1. YES  IF YES, GIVE WAR OR DAT  1936 = 1	ES 1	a, epecify Cuban, Mexica YES 2 M NO Specif			Black, White, etc. Specify: hite
15. DECEDEN (Specify only high Elementary/Secondary (0-12)	T'S EDUCATION est grade completed)  College (1-4 or 5+)	16a. DECEDENT'S USUAL OCCU (Give kind of work done durin life. Do NOT use retired.)		16b. KIND OF BU	SINESS/INDUSTI	RY
1.2 17. FATHER'S NAME (First, Middle,	Last)	Military	18. MOTHER'S NA	Def	ense Surname)	150
James Bake	<del></del>		Matt	ie E. Mo	ore	03.40.3
19a. INFORMANT'S NAME (Typo/P	ker		Mont Pl			9 21403 nnapolis,MD
20a. METHOD OF DISPOSITION 1 X Buriel 2 Cremation 3 4 Donation 5 Other (Spe	☐ Removal from State	PLACE OF DISPOSITION (Name other place)  lington N	ational	Cem. Ar	cation - city of	
SIGNATURE OF FUNERAL SE	X. Liste	Tay 147	lor Fune Clouces	ral Chapeter St.	Annapo	21401 lis,MD
23. PART i. Enter the disease shock, or heart iMMEDIATE CAUSE (Final disease or condition resulting in death)	pes, or complications that caused feliure. List only on cause on each	the death. Do not enter the chiline.  VE Anter			iretory srrest,	Approximate interval Between Onset and Death  3 Hours
Sequentially list conditions if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	b. Metan  Due to (or As A of	tatic Lary			na.	1 year -
that initiated events resulting in death) LAST	d	CONSEQUENCE OF J.				
PART II. Other significant c	onditions contributing to death bu	t not resulting in the unde	rlying ceuse given in	Part I. 24a. WAS AN PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 N NO
25. WAS CASE REFERRED TO ME	OICAL		28. PLACE OF OEATH (C/	heck only one)		
EXAMINER?	HOSPITAL: 1   Input ent 2   ER/Output	OTHER:	Home 5 Residence			
27. MANNER OF DEATH  1 Natural 5 Pence	28a. DATE OF INJURY (Month, Day, Year)	INJURY	c. INJURY AT WORK?	28d. DE\$CRIBE HOW	INJURY OCCURE	ED.
3 Suicide s Coul	28a PLACE OF INJURY	At home, ferm, street, fectory	, offica	28f. LOCATION (Street City or Town, State		tural Route Number,
0001	NG PHYSICIAN: To the best of my knowle EXAMINER: On the basis of examination					use(s) and manner as stated.
29b, SIGNATURE AND TITLE OF			29c. LICENSE NU			SNEO (Morith, Day, Year)
30. NAME AND ADDRESS OF PER Andrew Go	ROOM WHO COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type, Print) MUN 24 #	Are Ans	12/20/15 /	nd.	
31. DATE FILED (Month, Day, Year) APR 9 19	32. REGISTRAR'S SIGNA	TURE		<del>*</del>		

DHMH-16 Rev 1/89

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FOR STATE REGISTRAR

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APR 02'90

		OF DEATHUS/31/9U 3. TIME OF DEATHILE: BOE
	Irene Bailey	7 90 12 30 AM
		DF BIRTH  8. BIRTHPLACE (State or Foreign Country)
	VDC WICE I I M 2 DE CONTINO DATA MONTH	1.13,1921 Md.
	96. FACILITY NAME (If not institution, give street and number) 96. CITY, TOWN OR LOCATION OF DEATH	9c. COUNTY OF DEATH
DIRECTOR	Dorches les Gent Hospilal Campridge	Dorches/e-
5	TRESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY  10c. CITY, TOWN OR LOCATION	10d. INSIDE CITY
E	Md. Dorchester Cambridge.	LIMITS?
		10g. CITIZEN OF WHAT COUNTRY?
FUNERAL	1605 Comilia Cr. Combinato M/ 21613	(150
Z	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEMBENT OF HISPANIC ORIGIN	? (Specify Yee or No. 14. RACE — American Indian,
	IS VED ONE WAR OR DATES	Bleck, White, atc.  Specify:
BY	m 3 Widowed 4 Divorced	Black
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working)  18b.	KIND OF BUSINESS/INDUSTRY
l iu	Elementary/Secondery (0-12) College (1-4 or 5+) life. Do NOT use retired.)	
£ 5		
		· · · · ·
E E	190. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number	gil Campar
2	Bhota Ott 3 - 30 C	say city or lown, state, 2ip coopy
	200. METHOD OF DISPOSITION  200. PLACE OF DISPOSITION (Name of cometery, grematory or	20c. LOCATION — City or Town, State
1	1 Burial 2 Cramelton 3 Removal from State other places	200 EUGENTON — City of Town, State
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY	1 192 10,
f.	Danelle C//a	111 Cambi
4	Henry Henry warr	MHome Md.
A.	23. PART I. Enter the diseases, or complicatione that caused the death. Do not enter the mode of dying, auch as cere shock, or heart failure. List only one ceuse on each line.	
	IMMEDIATE CAUSE (Finel	Onset and Death
	disease or condition	Days
		ary Disease
No	Sequentially list conditions, put to (OR AS A CONSEQUENCE ONE + D. S. + S. A.	
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	cinome Unknown Months
윤	CAUSE (Disease or Injury that Initiated events Due to (or as a consequence or):	0.54 0
E	resulting in death) LAST	
빙		
¥	PART II. Other algorificent conditions contributing to deeth but not resulting in the underlying cause given in Part I.	24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
MEDICAL		1 U YES 2 NO COMPLETION OF CAUSE DF DEATH?
W		1 ☐ YES 2 NO
z	<u> </u>	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only or OTHER:	16)
\Si	1   YES 2 NO   1   Inpatient 2   ER/Outpatient 3   DOA   4   Nursing Home 5   Residence 6   Other	r (Specify)
H	27. MANNER OF DEATH 280. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 18JURY AT WORK? 28d. DE	SCRIBE HOW INJURY OCCURED
B	1 Netural 5 Pending 2 Accident Investigation M 1 YES 2 NO	
8		ATION (Street and Number or Rural Route Number, or Town, State)
릴릴	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the care	
COMPLET	One) 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, date	end place, end due to the cause(e) end manner as stated.
BEO	296. SIGNATURE AND TITLE OF CERTIFIER PLATITUTIO J. MACLIBURALIN 29c. LICENSE NUMBER	29d. DATE SIGNED (Month, Day, Year)
TO B	Merley Chi	> 3-31-90
		-
1-	30, NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	Carl of Adams
-	Educed T. Machaes of person who completed cause of death (ITEM 27) (Type, Print)  Educed T. Machaes of line 10 Aurora St	Cambridge, Md 21613
-	31. DATE FILED (Month, Day, Year)  31. DATE FILED (Month, Day, Year)  32. REGISTRAR'S SIGNATURE  fulia Davidson-Randelle	. Cambridge, Md 21613

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

DHMH-16 Rev 1/89

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1	100	7	H H
20	VER	Jil.	ij
5	5	Will	TAR
E	포	filed	IMPORTANT: If Hem 28 is marked, or Hem 23 shows any Infury, or other traumatic event, the medical examiner must
10 THE MOST IAL UN ALLENDING PHISIDIAN. THE IAM INQUIRE MINING SE EXPONENT AND MINING SERVICES OF THE INC. OF THE	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direction.	2	2

2

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Julia To whom hands

100 5.

Center Sr

KRANR

31. DATE FILEO (Month, Day, Year)

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Leat)
Mary Virginia Bentz 2. DATE OF DEATH 3. TIME OF DEATH January 13 1990 1535 PM 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH 6. AGE (In yrs. lest birthday) 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. 10/22/13 DAYS HOURS 1 M 2 TF 76 YRS. 213-92-4428 MARYLAND 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR FREDERICK FREDERICK FREDERICK MEMORIAL HOSPITAL RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND FREDERICK THURMONT 1 YES 2XXNO FUNERAL 10a. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WNAT COUNTRY? U.S.A. 12223 WOODSBORO-CREAGERSTOWN ROAD 21788 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, atc. If yes, specify Cuben, Maxican, Puerto Ricen, etc.) 1 Never Married 2XXMarried 1 YES 2 NO Specify: Specify: BY 3 Widowed 4 Divorced WHITE COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) HOMEMAKER 8 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Melden Surname) SAMUEL M. HOLLAND FLORENCE MAY WILHIDE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ACCRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 1 788 12223 WOODSBORO-CREAGERSTOWN ROAD, THURMONT, MD. JOSEPH F. BENTZ, SR. 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20a. METHOD OF DISPOSITION 20c. LOCATION — City or Town, State 20a. METHOD OF DISPOSITION

THE Burial 2 Cremation 3 Removal from State

4 Donation 5 Other (Specify) WELLER CEMETERY THURMONT, MARYLAND 21. SIGNATURE OF BUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 615 EAST MAIN STREET THURMONT, MARYLAND 21788 23. PART 1. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, Approximate interval Betwe shock, or heart failure. List pnly one cause on each line IMMEDIATE CAUSE (Final Onset and Death disease or condition DUE TO (OR AS A CONSEQUENCE OF): MINURS reaulting in death) Pulmoring CERTIFICATION Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): . Enter UNDERLYING INSufficiency CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY MEDICAL 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE Lel-100 GANGRENGUS 1 TES 2 NO OF DEATH? 1 TES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) OTHER: 1 YES 2 NO 1 | Inpetient 2 | ER/Outpetient 3 | DOA 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY 28b, TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED INJURY 1 Natural 5 Pending М 1 YES 2 NO 8 Investigation 2 Accident 3 Suicide 28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) a Could not be determined ETED. 4 Homicide 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and placa, and due to the cause(e) end manner as stated. COMPL MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(e) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) BE 03515 13/90

21788

Thurmons.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

and the pospital or attending p	ould be detached for use as the b	A mail End of once
TO THE HOSPITAL OR ATTENDINS PHYSICIAN: The law requires that the death certificate be executed within 24 nours after deing and the continued of the continued	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funer miner was a could be detached for use as the bean while 72 hours after main with the State Dect. of Health and Neutral Horiene prior to burial, cernation, or removal.	IMPORTANT If Item 28 is married or Item 23 shows any injury or other fraumatic event, the medical event

REGISTRAR	N, EAST)		D	11	ATE OF		2. DATE MONTH	OF DEATH	and	- Y840	3. TIME OF DEATH
Margaret	MAI	-	Du	den	alon		-3	a	9 1	990	413011"
215 26-169	76 1 BM	200 9	2	YRS.	MINE DAYS	IF UNDER 24 HRS.	1777	27/	97	Country	yland
Su. FACILITY HEME (I' not institute)	illa	number)		Si	Hager	or location of D Stown	EATH	7		any of or shing	
10s. STATE 10s.	COUNTY	111 - 2-2			TOWN OR LOCA	TION				T	10d. INSIDE CITY LIMITS?
Maryland V	Washingt	con		Kno	xville	f. ZIP CODE			Tag. CIT	VZEN OF W	1 ☐ YES 2 ☑ NO
Sandy Hook Roa	ad				100	21758			10000000	JSA	1010334111111
11. MARITAL STATUS  1 Never Married 2 Merrie 3 Widowed 4 Divorced	FOR	DECEDENT EVE ICES? 1 TY ES, GIVE WAR O	ES 2 X NO		If yes, sp	CENDENT OF HISPA lecity Cuben, Mexico 2 NO Specia	in, Puerto I	? (Specify Ye	_	14. RACE Black Specifi	- American Indien, , White, etc. ite
15. DECEDENT	T'S EDUCATION est grade completed	0)	16e. DEC	EDENT'S US	UAL OCCUPATE k done during me etired.)	ON ost of working	16b.	KIND OF BL	JSINESS/INI		.100_
Elementary/Secondary (0-12)	College	e (1-4 or 5+)						TP3 oak	wie T	77 - 24	
17. FATHER'S NAME (First, Middle, I	Last)		1 Fa	CLOLY	Worke	16. MOTHER'S NA		Elect		Tant	
Griffith Tay		fingtor				Elva l					
19a. INFORMANT'S NAME (Type/Pri	int)					and Number or Rural					0710
Evelyn Day			20b. PLACE O	F DISPOSITI	ON (Name of ce	Street -	- Mt.	_	ler,		
Murial 2 ☐ Cremation 3 4 ☐ Donation 6 ☐ Other (Speci	ity)	n State	Old B	rethr	en Ceme	etery		Br	ownsv	ille	, MD
21. SIGNATURE OF FUNERAL SER	VICE LICENSEE		/		22 NAME A	ND ADDRESS OF F	CILITY				
23. PART I. Enter the disease shock, or heart t	es, or complice	ations that cau	lused the des	Cin.	John	T. Wills	ams				Approximata
shock, or haert find immEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions,	es, or complicate the control of the	DUE TO (OR A	n eech iina.	UENCE OF):	John	T. Wills	ams	liac or reap			Approximata interval Between
shock, or heart find immediate CAUSE (Final disease or condition resulting in death)	es, or complicate the control of the	DUE TO (OR A	n eech iina.	UENCE OF):	John	T. Wills	ams	liac or reap			Approximata interval Between
shock, or haert find in the state of the sta	es, or complicate deliure. List onion as	DUE TO (OR A	AS A CONSEQUENCE AS A C	UENCE OF): UENCE OF):	John anter the me	T. Willi	ams the second	Me	N AUTOPSY	rrest,	Approximata interval Between
shock, or heart fill in the shock of heart fill	es, or complicate the control of the	DUE TO (OR A	AS A CONSEQUENCE AS A C	UENCE OF): UENCE OF): UENCE OF):	John anter the mo	T. Willi	ams thas care	24a. WAS A PERFC	N AUTOPSY	rrest,	interval Between Onset and Death Onset and Death Were Autopsy Findings Amilable Prior To Completion of Cause of Death?
shock, or heart fill immediate cause. Enter UNDERLYING CAUSE (Please or injury that initiated events resulting in death)  PART II. Other significant or FART III.	es, or complicate the control of the	DUE TO (OR A  DUE TO (OR A  DUE TO (OR A  DUE TO (OR A  DUE TO (OR A)	AS A CONSEQUENT OF THE PROPERTY OF THE PROPERT	UENCE OF):  UENCE OF):  UENCE OF):	John anter the modern the underlying the underlying 26. POTHER: CXNursing Horizontal Control of the control of	T. Will:  oda of dying, suc  of g cause given in  LACE OF OEATH (C.	Part I.	24a. WAS A PERFC 1 YES	N AUTOPSY PRMED? 2 ∑ NO	24b.	Approximata interval Between Onset and Death Onset and Death Were Autopsy Findings Amilable Prior To Completion of Cause of Death?
shock, or heart fill in the property of the pr	es, or complications. List onitions control of the	DUE TO (OR /	AS A CONSEQUENT OF THE PROPERTY OF THE PROPERT	UENCE OF):  UENCE OF):  UENCE OF):  UENCE OF):  DOA   G   1   1   1   1   1   1   1   1   1	John antar tha mo	T. Will:  Doda of dying, such  Code of dying, such	Part I.  8 Other	24a. WAS A PERFC 1 YES	N AUTOPSY PMED?	24b.	Approximata interval Between Onset and Death Onset Ons
shock, or heart fill the shock, and the shock, or heart fill the shock,	es, or complicate aliure. List onitions as.  b. c. d.  moditions contribute  DICAL  HOSE 1   Inp.  1 not be	DUE TO (OR / DUE TO (OR / DUE TO (OR / DUE TO (OR /	AS A CONSEQUENT OF THE PROPERTY OF THE PROPERT	UENCE OF):  UENCE OF):  UENCE OF):  UENCE OF):  DOA   G   1   1   1   1   1   1   1   1   1	John antar tha mo	T. Will:  Doda of dying, such  Code of dying, such	Part I.	24a. WAS A PERFC 1 YES	N AUTOPSY RMEO?  2 1 NO  INJURY OC	24b.	Approximata interval Between Onset and Death Onset and Death Were Autopsy Findings Amilable Prior To Completion of Cause of Death?
shock, or heart in immediate cause or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant on FART III. Other significant on III. Othe	es, or complicate aliure. List onitial a.  b. c. d.  onditions contribute  DICAL HOSF 1   Ing. ligation I not be mined  IQ PHYSICIAN: To	DUE TO (OR /	AS A CONSEQUENT AS A CONSEQUEN	UENCE OF):  UENCE	John antar tha me Leave the underlying the underlying the Leave the University of the Uni	T. Will:  Doda of dying, such  Code of dying, such	Part I.  B Othe  26d. DE:	24a. WAS A PERFC 1 YES  CRIBE HOW  ATION (Stroom or Fown, Stendard	N AUTOPSY PRMED? 2. NO INJURY OC t and Number	24b. CCURED or or Flural F	Approximate interval Between Onset and Death Onset Ons
shock, or heart in immediate cause or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant on FART III. Other significant on III. Othe	es, or complicate aliure. List only  a.  b.  c.  d.  c.  d.  podditions contributed by the contributed by th	DUE TO (OR /	AS A CONSEQUENT AS A CONSEQUEN	UENCE OF):  UENCE OF):  UENCE OF):  UENCE OF):  OBUILING IN  28b. TIME ( INJUR  INDUR  INTO CONTROL  INTO CONTROL	John anter the me the underlyin  26. P  THER: CXNursing Hor OF 25c. IN W 1 □ Det, fectory, officet at the time, det	T. Will:  Doda of dying, such  Code of dying, such	Part I.  B Other  28f. LOC  City  to the case time, date	24a. WAS A PERFC 1 YES  CRIBE HOW  ATION (Stroom or Fown, Stendard	N AUTOPSY PRMED?  2. NO  INJURY OC  t and Numbers  anner as stated due to the	24b.	Approximata interval Between Onset and Death

MARYLAND 21203-3146

BALTIMO TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Part PLINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral dibe filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or remoral. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examines

_	FOR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
_	REGISTRAR	CERTIFICATE OF DEATH	REG. NO.

REGISTRAR		CERTIFI	CATE OF	DEATH	RE	G. NO.		
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF D	EATH DAY	MEAR	3. TIME OF DEATH
Kath	leen	BRAN	VDENBURG		March		990	12 noon
4. SOCIAL SECURITY NUMBER 213-16-0222	5. SEX 6. A	GE (In yrs. last birthday) 67 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BI (Month, Day May		8. BIRTI Count Vir	nPLACE (State or Foreign cy)
Se. FACILITY NAME (If not institution, give so Meridian Nursing			96. CITY, TOWN	ICK		9c. CO	unty of t	
RESIDENCE OF DECEDENT								
	106. STATE 106. COUNTY 106. CITY, TO Maryland Frederick							10d. INSIDE CITY LIMITS? 1 YES 27 NO
100. STREET AND NUMBER 10741 Fingerboard	! Road		10	21754		10g. C	U.S	WHAT COUNTRY?
11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Olvorced	12. WAS DECEDENT EVI FORCES? 1 Y IF YES, GIVE WAR O	ES 2 NO	If yes, sp	ENDENT OF NISPAN ecify Cuban, Maxica 2 NO Specify	n, Puarto Rican,	ecify Yea or No— etc.)	Blac	E — American Indian, ck, Whita, stc.
15, DECEDENT'S EDUC	CATION	18a. DECEDENT'S	USUAL OCCUPATI	ON	16b. KINI	OF BUSINESS/II	NDUSTRY	
(Specify only highest grade  Etementary/Secondary (0-12)  10	Cottege (1-4 or 5+)	Seams	rork done during me e retired.) tress	st or working		Clothing	g Man	ufacturing
17. FATNER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle	Maiden Sumame	)	
	Ray Ne	wton		Kati		Pauline		Axline
19a. INFORMANT'S NAME (Type/Print)  Mr. Charles E. Co	vell			enue, Fre				21701
20a. METHOD OF DISPOSITION  1 Buriel 2 Cremetion 3 Rem. 4 Donation 8 Other (Specify)	oval from Stata	206. PLACE OF DISPOS ofher place) Mount O	ITION (Name of ca	metery, cremetory or		20c. LOCATION -	- City or T	
23. PART I. Enter the diseases, or a shock, or neart fellure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent conditions	a. DUE TO (OR DUE TO (OR d.	AS A CONSEQUENCE OF	not enter tha me	eda of dying, suc	h an cardlec	WAS AN AUTOPS PERFORMED?	errest,	b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE
1 - YES 3.75(NO							OF DEATH?	
EXAMINER? 1 ☐ YES 2 ☑ NO	HOSPITAL: 1 Inpetient 2 ER/	Outpatient 3 DOA	OTHER:	ne 5 🗆 Residence	8 Other (Spi	ecify)		
27. MANNER OF OEATN  1 X Natural 5 Pending 2 Accident Investigation	28a. OATE OF INJU (Month, Day, Ye	IRY 28b. TIM	E OF 28c. IN	JURY AT DRK? YES 2 NO		E NOW INJURY O	OCCURED	
3 Suicide 8 Could not be determined	28e. PLACE OF IN. building, atc.	URY — At home, farm, s (Specify)	street, factory, offi	:0	281. LOCATION City or To	N (Street and Numi vn, State)	ber or Rural	Route Number,
Torroom only	ICIAN: To the best of my I							(s) and manner as stated.
296. SIGNATURE AND TITLE OF CERTIFIED	Ce	K		29c. LICENSE NUI D14620				D (Month, Day, Year) 23, 1990
P. Gregory Rause	ch, M.D., 5	01 West Se		treet, F	rederio	k, Mary	1and	21701
31. DATE FILED (MONTH, Day, Year) MAR 2 6 1990	32. REGISTRAR'S	PSATURE						

OPEF OS SAM

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFI	CATE OF	DEATH	RE	EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF D	EATH DAY	,	YEAR 3	. TIME OF DEATH
	COLON	EUGENE COX				MARCH			TEAN	10:25 P M
	4. SOCIAL SECURITY NUMBER		E (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BI	BTH		8. BIRTNPL	ACE (State or Foreign
	385-09-8565	1 ← M 2 □ F	77 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, FEB 21		2	Country)	CHIGAN
	9a. FACILITY NAME (If not institution, give st	43		9b. CITY. TOWN C	R LOCATION OF DE		. 191		TY OF DEA	
œ										
2	NATIONAL NAVAL ME	EDICAL CENTE	ER I	BJEH	HESDA			MON'	TGOME	ERY
DIRECTOR	10a. STATE 10b. COUNTY			, TOWN OR LOCAT	ION				10	Od. INSIDE CITY
HO	MARYLAND MONT	CGOMERY		OCUMENT	7				1	LIMITS?
ایا	10e. STREET AND NUMBER	GOMEKI		OCKVILL)	ZIP CODE			10a. CITIZ		AT COUNTRY?
FUNERAL	1/00							V7		
쀨	1482 SELWORTHY		DALLE ANIES		20854					STATES
3	1 Never Married 2 X Married	12. WAS DECEDENT EVER FORCES? 1 A YE	S 2 NO	If yes, sp	ENDENT OF HISPAN scify Cuban, Mexica	n, Puerto Rican,	etc.)	or No-		- American Indian, White, etc.
B	3 Widowed 4 Divorced	IF YES, GIVE WAR OR	Korea	1 TYES	2 NO Specify	<i>/</i> :			Specify:	WHITE
	15, OECEOENT'S EDUC		18a. DECEDENT'S	ICUAL OCCUPATION	NA .	165 KINE	OF BUE	INESS/INDL	107504	
E	(Specify only highest grade	completed)	(Give kind of w	ork done durina mo	st of working	100. KJINL	J OF 803	INESS/INDC	JSINI	
2	Elementary/Secondary (0-12)	College (1-4 or 5+)	LAB T			N.I	TT			
COMPLETED			LAD I	ECU						
	17. FATHER'S NAME (First, Middle, Last)	2017			18. MOTHER'S NA		, Maiden S	Sumame)		
BE	NORVAL C	JUX				Y WOOD				
OT	19a. INFORMANT'S NAME (Type/Print)				nd Number or Rural I					
	MARY R. COX		1482	SELWOR	THY ROAD	, ROCKV	ILLE	E, MD	2085	4
	20s. METHOD OF DISPOSITION  1 Burisl 2 Ty Cremation 3 Remo	oval from State	20b. PLACE OF DISPOS other place)	ITION (Name of cer	netery, crematory or	i	20c. LOC	ATION — C	lfy or Town	n, Stata
	4 Donation S Dother (Specify)		Montgome	ry Crema	torium.	Inc	Ret	hesda	Ma	ryland
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	M00381	22. NAME A	ID ADDRESS OF FA	CILITY Robe	ert A	A. Pu	mphre	ryland ey Funeral
	Barbara Jomen	nullen Lau	mence	Home/	Rockvill	e. Inc.	. 30	00 We	st Mo	ontgomery
	23. PART I. Enter the diseese, or o				e, Rockv					
	shock, or heart failure.	Liet only one couse on	eech line.	ot enter the mo	de or dying, suc	n as cardiac	or reapi	atory arre	est,	Approximata interval Between
	IMMEDIATE CAUSE (Finel									Onset and Death
	disease or condition resulting in death)	-	CARCINOMA		TASTASIS	TO THE	LIV	ER		
		DUE TO (OR AS	S A CONSEQUENCE OF	):						
Z	Sequentially list conditions,	b								
CERTIFICATION	if eny, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS	S A CONSEQUENCE OF	):						
2	CAUSE (Disease or Injury	C								ļ
	that initiated eventa resulting in death) LAST	OUE TO (OR AS	S A CONSEQUENCE OF	):						
15		d								
	PART II. Other aignificant condition	e contributing to death	but not resulting i	n the underlying	g cause given in	Part i. 24s.	WAS AN	AUTOPSY	24b. W	VERE AUTOPSY FINDINGS
EDICAL							PERFOR			WAILABLE PRIOR TO COMPLETION OF CAUSE
						_   '	YES 2	XNO		OF DEATH?
Σ						_			1	YES 2 NO
Z										<b>S</b>
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	ACE OF DEATH (Ch	eck only one)				
YSI	1 TES 2 NO	1 X Inpatient 2 - ER/O	utpetient 3 DOA		e 5 🗆 Residence	8 - Other (Spe	ecify)			
E	27. MANNER OF DEATH	28a. DATE OF INJUR (Month, Day, Year		E OF 28c. INJ	URY AT	28d. DEŞCRIB	E NOW IN	HURY OCC	URED	
ВУ	1 Netural 5 Pending 2 Accident Investigation			M 1 🗆	YES 2 NO					
	3 Suicide 8 Could not be	28e. PLACE OF INJU building, etc. (S	IRY At home, farm, a	treet, fectory, offic	•	28f. LOCATION City or Tou		nd Number	or Rural Rou	ute Number,
IE	4 Nomicide determined		, , , , , , , , , , , , , , , , , , , ,			0.1, 0.10.	ari, Gialo,			
COMPLETED	29a. CERTIFIER 1 X CERTIFYING PHYSI	ICIAN: To the best of my kn	owledge, death occurre	d at the time, date	and place, and due	to the cause(s)	and man	ner se state	ud.	
ME		R: On the basis of examina								and manner as stated.
8	29b. SIGNATURE AND TITLE OF CERTIFIER			2///						
BE	O K (1 - O )	D , -			29c. LICENSE NUI					Wonth, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO	VIL MO	DEATH STEELS	Octob	0101041				APRIL	
1				142	TIONAL N				ENTER	
	A. K. YOSHIHASH	I, LCDR, MC	, USNR	BE	THESDA,	MD 208	14 - 5	011		
	31. DATE FILEO (Month, Day, Year)	32 REGISTRAR'S SI	GNATURE							
	APR 03 '90	guna vaudas	and and a							

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR	CERTIFIC	CATE OF DEATH	REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Last)  George Arnol	d Chalfa	nt	2. DATE OF DEATH DAY	year 3. TIME OF DEATH 11:40am M
	4. SOCIAL SECURITY NUMBER 5. SEX 6. 409-16-2243 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	AGE (In yrs. lest birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) MAY 16, 1914	8. BIRTHPLACE (State or Foreign Country) TENNESSEE
TOR	9a. FACILITY NAME (If not institution, give street and number)  KENSINGTON GARDENS NURSING  RESIDENCE OF DECEDENT		96. CITY, TOWN OR LOCATION OF DE KENSINGTON	ATH 9c. CO	UNTY OF DEATH  MONTGOMERY
DIRECTOR	MARYLAND MONTGOMER		TOWN OR LOCATION		10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 10225 KENSINGTON PARKWAY	#304	101. ZIP CODE 20895		TIZEN OF WHAT COUNTRY?
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT E FORCES? 1 Service WAS DECEDENT E FORCES E	OR DATES	13. WAS DECENDENT OF HISPAN If yes, specify Cuben, Maxica 1 YES 2 NO Specify		14. RACE — American Indian, Black, White, etc. Specify: WHITE
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondery (0-12)  College (1-4 or 5 +)	(Give kind of wo	USUAL OCCUPATION ork done during most of working retired.)  RAL ENGINEER	16b. KINO OF BUSINESS/II	NOUSTRY G ENGINEER
BE COM	17. FATHER'S NAME (First, Middle, Last) BERTRAM ARNOLD CHALFANT	Jane	18. MOTHER'S NA	ME (First, Middle, Maiden Surname)  M. HUMBLE	
TO B	19a. INFORMANT'S NAME (Type/Print) MARY T. CHALFANT		ADDRESS (Street and Number or Rural IN	Transfer of the second	, , , , , , , , , , , , , , , , , , , ,
	20a. METHOD OF DISPOSITION 1 □ Burlel 2 🕅 Cremation 3 □ Ramoval from State 4 □ Donation 5 □ Other (Specify)	20b. PLACE OF DISPOSI other place)	TION (Name of cometery, crematory or FAN CREMATORY	20c. LOCATION -	City or Town, Stata
	21. SIGNATURE OF TAXERAL SERVICE LICENSEE	1/	FRANCIS J. COI	CILITY LINS FUNERAL 1	
CERTIFICATION	Sequantielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury.	AS A CONSEQUENCE OF	):		Onset and Daath  12-Africas
DICAL	PART II. Other algorificent conditions convibuting to de	eth bal not evelting in		Part I. 24a. WAS AN AUTOPS PERFORMED? 1 YES 2 NO	Y 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		26. PLACE OF DEATH (Ch	eck anly one)	
D BY PHYSICIAN: ME	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	URY 28b. TIME INJURY — At home, farm, si	4 Nursing Home 5 Residence FOF 28c. INJURY AT WORK? M 1 YES 2 NO	6 Other (Specify)  28d. DESCRIBE HOW INJURY Of the second	
TO BE COMPLETED	29a. CERTIFIER (Check only 1 DENTIFYING PHYSICIAN: To the best of my Orne) 2 DMEDICAL EXAMINER: On the basis of axam 29b SIGNATURE AND TITLE OF CERTIFIER 30 MAN ADDRESS OF PERSON WHO COMPLETED CAUSE 11 DATE FLED (Month, Day, Year) 32. REGISTRAP: Sun Date of the basis of the bas	knowledge, death occurre inetion and/or investigation  OF DEATH (ITPR 27) (Type,	n, in my opinion, death occured et the	to the ceuse(s) and manner as e time, data and place, and due to	the cause(a) and menner as stated.

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within ser nours after death. Page 6 may be retained by the hospital or attending physician.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - FOR STATE REGISTRAR	TATE OF MARYLAN	D / DEPARTI			MENTAL HYGIEN REG. NO		
1. DECEDENT'S NAME (First, Middle, Last)				7	2. DATE OF DEATH		3. TIME OF DEATH
Harmey Lee Cari	roll				04		0630 M
4. SOCIAL SECURITY NUMBER 5.	SEX 6. AGE (In	yrs. lest birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		THPLACE (State or Foreign
226 60 5677	X M 2 🗆 F 50		DAYS	HOURS MIN.	(Month, Day, Year)	Cou	ntry)
236-60-5677 1 1 96. FACILITY NAME (If not institution, give street of					FEB 19,19		co, W. Va
98. PACILITY NAME (If not institution, give street t	Ina number)			OR LOCATION OF DE	ATH	9c. COUNTY OF	
17532 Riffle Road			Emmits	sburg		Fred	erick
RESIDENCE OF DECEDENT  100. STATE 100. COUNTY		40° OLLY	TOWN OR LOCA	TION			10d. INSIDE CITY
	nial						LIMITS?
	TICK	CHI	itsburg				1 YES 2 X NO
10e. STREET AND NUMBER				Of. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?
17532 Riffle Roa	d		- 2	21727-103	8	U.S.	Α.
11. MARITAL STATUS 12.	WAS DECEDENT EVER IN U				IIC ORIGIN? (Specify Yes	or No- 14. RA	CE — American Indian,
1 Never Married 2 Married	FORCES? 1 YES			pecify Cuban, Maxica S 2 X NO Specify			ocily:
3 Widowed 4 Divorced							White
15. DECEDENT'S EDUCATION		6a. DECEDENT'S US	SUAL OCCUPAT	ION	16b. KIND OF BU	SINESS/INDUSTRY	
(Specify only highest grade comp	ollege (1-4 or 5+)	(Give kind of wor life. Do NOT use i	k done during m retired.)	lost or working	1		
0		Labor	rer		Junk	Yard	
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maiden		
Edi	gar Carroll				da Mae Dav		
19a. INFORMANT'S NAME (Type/Print)	gar carrott	I son Mall INO AL	DDDEEC (Otto-		Route Number, City or Tow		
							1020
Janet Hughes	No.				itsburg, M		
26a. METHOD OF DISPOSITION 1	from State	LACE OF DISPOSIT ther place)		11.		CATION — City or	
4 Donatton 's Other (Specify)		nithsburg	g Crema	atorium	Sm	ithsbur	g, MD
21. SIGNATURE OF FUNERAL SERVICE LICENS			22. NAME /	AND ADDRESS OF FA		-	1 ()-
I John M.	Skiles		010 1	I Mada C	2K116	s Funer	al Home
23. FART I. Enter the diseases, or com	plicetions that coursed t	ha death Da nat					D 21727-0427
ahock, or haart failure. List	only one cause on asc	h iina.	Califor file III	ode or dying, sec	n ss cardiac or resp	watery strest,	Approximate Interval Setween
IMMEDIATE CAUSE (Final			0		*		Onsat snd Dasth
disease or condition resulting in death) s.	RTERIOSS	LEROTIC	CAL	(DIOVASO	HLAK D	ISEA SE	2
	DUE TO (OR AS A C	ONSEQUENCE OF):					
Sequentially list conditions, if any, isading to immediate	DUE TO (OR AS A C	ONSEQUENCE OF):					
cause. Enter UNDERLYING							
CAUSE (Disease or injury that initiated events	DUE TO (OR AS A C	ONSEQUENCE OF):					
resulting in death) LAST							
PART II. Other aignificant conditions co	ontributing to death but				DEDECT		4b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
COPU		<i>F</i>	tyPE	KTENS	1 D YES	22.0	COMPLETION OF CAUSE OF DEATH?
Chronic A	Icaho/15m		,			.	1 YES 2 NO
	RENIA				_		
25. WAS CASE REFERRED TO MEDICAL	12/6/11		26 1	PLACE OF DEATH (Ch	ack only one)		
EXAMINER?	OSPITAL:		THER:				
	Inpatient 2 ER/Outpat			ma 5 X Rasidenca			
27. MANNER OF DEATH	26a. DATE OF INJURY (Month, Day, Year)	26b. TIME INJUR		NJURY AT YORK?	28d. DESCRIBE HOW	INJURY OCCURED	
1 Netural 5 Pending 2 Accident Investigation			M 1 🗆	YES 2 NO			
3 Suicide 6 Could not be	28e. PLACE OF INJURY — building, atc. (Specify	- At home, farm, str	eet, factory, off	ica	28f. LOCATION (Street City or Town, State	and Number or Run	al Route Number,
4  Homicide detarmined	area (epoon)				July or nowin, crare	,	
294. CERTIFIER 1 CERTIFYING PHYSICIAN	: To the best of my knowled	ica desti comme	at the time of	te and plane, and div	to the councils and	nmar ac state d	
(Check only one) 2 MEDICAL EXAMINER: O							e(e) and menner or stated
			my spinion,			dee to the cast	-(-) and manner as mared.
296. SIGNATURE AND TITLE OF CERTIFIER	11.0	MI)		29c. LICENSE NUI	MBER 7	29d. DATE SIGN	ED (Month, Day, Year)
Rout RR	muy!			D078	16/	104	טדןיון

Frederick M121701-45

ERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

OBERTS SW 77 ST

32. REGISTRAR'S SIGNATURE

10245 St. V 15

hal-transit permit. Pages 1, 2, 3 should

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI			MENTAL HYGIEN			
	1. OECEDENT'S NAME (First, Middle, Last)	C. AMES				2. DATE OF OEATH ON THE MONTH OF	4 196	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 213-16-7955	1 M 2 D F	80 YRS. M	F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. OATE OF BIRTH (Month, Day, Year)	10	BIRTHPLACE (State or Foreign Country)	
TOR	98. FACILITY NAME (If not institution, give s PENINSULA GENERAL RESIDENCE OF DECEDENT				BURY, MA		9c. COUNTY	OF GEATH  COMICO	
DIRECTOR		omerset	10c. CITY,	AFIGH	Md.		10d. INSIDE CITY LIMITS? 1  YES 2 YOU		
FUNERAL	P. D. Box 80	12. WAS DECEDENT EVER IN	July ADMED		21838	IIC ORIGIN? (Specify Ye	V.	S WHAT COUNTRY?	
BY FU	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 YES	2 XNO	If yes, sp		n, Puerto Ricen, etc.)	s or No 14,	RACE — American Indian, Black, White, stc. Specify: B/Ack	
The same	15. DECEDENT'S EOU (Specify only highest grade Elementery/Secondary (0-12)		life. Do NOT use i	k done durina mo	ON sl of working	Som El	-set C	ounty aTral	
BE CE	17. FATHER'S NAME (First, Middle, Lest)	Am Es			18. MOTHER'S NA	ME (First, Middle, Maidel			
TO B	190. INFORMANT'S NAME (Type/Print) MARGUETTE HA	IES Robinson	100	Box 8	O MAI	Route Number, City or To		de)	
	20s. METHOD OF DISPOSITION  1 Buriel 2 Cremetton 3 Rem  4 Donetton 5 Miner (Specify)	noval from Stats	other place)	ers C	hAPE (	Em. Ki	naston - city	or Town, Stite	
	21. SIGNATURE OF UNERAL SERVICE LI	Mary		314 0	LOUE S	T. Crisi	FIELD	md, 21817	
	IMMEDIATE CAUSE (Final	List only one ceuse on e	ech line.		de of dying, auc	h aa cerdlac or reap	oiratory arrest	Approximeta interval Between Onset and Deeth	
	disease or condition resulting in death)	0	C ARRE	Α				FINNEDIATI	
TION	Sequentially list conditions, if any, leading to immediate	b. KESPUR DUE TO (OR AS A			Dest	o Cinto		Hours	
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):	TORY	DISTRE	is symp	Rome	iDAY	
A.	PART II. Other algnificent condition	NAL FALLA	out not resulting in	the underlyin	g ceuse given in	Part I. 24s. WAS A PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 TVNO	
AN: N	25. WAS CASE REFERRED TO MEDICAL							13.190	
SICI	EXAMINER?	HOSPITAL:	patient 3 DOA 4	THER:	LACE OF DEATH (Ch	8 Other (Specify)			
BY PHYSICIAN: MEDIC	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28s. OATE OF INJURY (Month, Day, Year)	28b. TIME (	OF 28c. INJ		28d. OEŞCRIBE HOW	INJURY OCCUR	RED	
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	' — Al home, ferm, str city)	eet, factory, offic	8	28f. LOCATION (Street City or Town, State	end Number or	Rural Route Number,	
COMPLETED	one)	BICIAN: To the best of my know ER: On the basis of sxaminatio						ause(a) and menner as stated.	
BE	29b. SIGNATURE AND JULE OF CERTIFIE	Speak	mo		29c. LICENSE NU	MBER 702	29d. DATE S	IGNED (Month, Day, Year) -24-90	
5	20. NAME AND ADDRESS OF PERSON WI	<u> </u>	Λ		10.21	853	•		
	31. DATE FILED (MODIT), Day, Year, 90	32. REGISTRAP'S SIGN					· · · · ·		

RY AND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13 THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exect TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene profor to but MADRITANT: It from 28 is marked or litem 23 shows any injury, or other traumati	
DIVISION OF VITAL RECORDS, P.O. Br OSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificat UNERAL DIRECTOR: After this certificate has been signed by the attending physim 72 hours after death with the State bept. of Health and Mental Hygiene parts it item 28 is marked or item 23 shows any injury, or other	
DIVISION OF VITAL RECORDS, P.O. IOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cert UNERAL DIRECTOR. After this certificate has been signed by the attending rithin 72 burs after death with the State Dept. of Health and Memial Hygis ANT: If them 28 is marked or fishen 23 shows any injury, or not	
DIVISION OF VITAL RECORDS, P. 10SPITAL OR ATTENDING PHYSICIAN: The law requires that the death UNERAL DIRECTOR: After this certificate has been signed by the attending 2 hours after death with the State Dept. of Health and Mertal ANT: it item 28 its marked or item 23 shows any injury.	
DIVISION OF VITAL RECORDS, 10SPITAL OR ATTENDING PHYSICIAN: The law requires that the UNEFAL DIRECTOR: After this certificate has been signed by the within 72 hours after death with the State Dept. of Health and MATT- it stem 28 is marked or Item 23 shows any Initial.	
DIVISION OF VITAL RECORI IOSPITAL OR ATTENDING PHYSICIAN: The law requires that UNERAL DIRECTOR: After this certificate has been signed b rithin 72 hours after death with the State Dept. of Health at ANT- If them 28 its marked, or item 23 shows any	
DIVISION OF VITAL RECC IOSPITAL OR ATTENDING PHYSICIAN: The law requires UNFRAL DIRECTOR: After this certificate has been signifient at house after death with the State Dept. of Heal ANTH Hear 28 is marked, or Hear 23 shows	
DIVISION OF VITAL RE IOSPITAL OR ATTENDING PHYSICIAN: The faw rec UNERAL DIRECTOR: After this certificate has been right 72 hours after death with the State Dept. of ANT- It Hom 28 is marked or flem 23 sh	
DIVISION OF VITAL IOSPITAL OR ATTENDING PHYSICIAN: The la INNERAL DIRECTOR: After this certificate has within 72 hours after death with the State Del ANT- If them 28 is marked, or filen 2.	
DIVISION OF VITA  OSPITAL OR ATTENDING PHYSICIAN: T UNEBAL DIRECTOR: After this cartificat rithin 72 hours after death with the Shat MAY: If them 28 is marked or life	
DIVISION OF NOSPITAL OR ATTENDING PHYSICIA UNREAL DIRECTOR: After this cert rithin 72 hours after death with the MANT. It item 28 is marked to	
DIVISION O OSPITAL OR ATTENDING PHY UNERAL DIRECTOR: Atten this rithin 72 hours after death wit ANT: If item 28 its marker	
DIVISION OSPITAL OR ATTENDING UNERAL DIRECTOR: After within 72 hours after deat AMT: If them 28 fr m.	
DIVISION OF ATTEN UNDER DIRECTOR: within 72 hours after 28 II	
DIV HOSPITAL OR A UNERAL DIREC VITHIN 72 HOURS	
HOSPITAL UNFERAL WITHIN 72	
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	ertific	the §	10
	nis CL	vith	pe.
	th Te	2 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	nark
	L. Aft	r de	9
	HOT.	afte	28
	HEC	SUNO	8
1	0 7	2	1 30

												9	0 1	10	
	FOR STATE REGISTRAR	STATE OF M	IARYLAND / CE	DEPAR	TMENT ICATE	OF H	EALTH DEAT	AND I		HYGIEN! REG. NO.	E				
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF	DEATH	м.	YEAR	3. TIME O	F OEATI	4
	Frederick V. Car	lson							MONTH	04/09	"/90	TEAR	8:1	7 /	D M
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. last	birthday)	IF UNDER 1					7. DATE OF BIRTH		8. BIRT	HPLACE (Sta	te or For	əlgn
	083-05-6304	1 🔀 M 2 🗆 F	80	YRS.	MONTHS	DAYS	HOURS	MIN.	172171910		)		Jers	sev	
	9a. FACILITY NAME (If not institution, give				55	_	R LOCATIO	ON OF DE	ATH			JNTY OF I	DEATH		
OR	Greater Laurel-Be	eltsville	Hospita	1	Lau	ırel					Pri	nce	Georg	ge	
DIRECTOR	RESIDENCE OF DECEDENT  10a, STATE 10b, COUNT	γ		10c. CIT	Y, TOWN OI	R LOCATI	ION						10d. INSID	E CITY	
E I	New Jersey Monn	nouth		Man	asqua	an							1 YES		NO
	10e. STREET AND NUMBER					_	ZIP CODE				10g. CIT	IZEN OF	WHAT COUN	TRY?	
ER/	250 E. Main Street 08						8736				US	SA			
FUNERAL	11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMED  13. WAS DECENDENT OF HISPA FORCES? 1 YES 2 NO If yes, specify Cuban, Maxic									or No-	14. RAC	E — Americ	en India	n,	
BY F	1 Never Merried 2 Married FORCES? 1 YES 2 NO If yes, specify Cuban, Maxic 1 YES 2 NO Specify C								an, atc.j			wy:Whi			
	15. DECEDENT'S EDI	ICATION	16a, DEC	CEDENT'S	USUAL OC	CUPATIO	N N	_	18b. K	IND OF BUS	SINESS/IN	DUSTRY		_	_
	(Specify only highest grad Elementary/Secondary (0-12)		(Gh	ve kind of Do NOT u	work done d se retired.)	uring mos	st of workin	g		.,,,					
PL	7	College (I-4 of 5 f	Mort	gage	Lear	n Ap	prai	ser	R	eales	state	9			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOTI	HER'S NA	ME (First, Mid						
BE C	Vernon Carlson						Chr	isti	ine Ni	elser	١				
TO B	Nancy Smith		60	MAILING	ADDRESS Arton	(Street a	nd Number	or Rural	Pleas	city or Tow ant,	n, state, z New	Jer:	sey	0874	12
- 3	20s. METHOD OF DISPOSITION	noval from State	20b. PLACE C		SITION (Na/	ne of cen	netery, cren	natory or					own, Stata		
	1   Burlal 2 & Cremation 3   Removal from Stata   Other (Specify)   BW Crematory   Laurel, Maryland   21/SIGNATURE OF FUNERAL SERVICE LICENSEE   22. NAME AND ADDRESS OF FACILITY														
9	21 SIGNATURE OF FUNERAL SERVICE L	CENSEE	, r3c	1	22.	Flec 7601	k Fu San	ss of fa inera idy	<del>cury</del> al Hom Spring	ie, Ir	nc. Laun	rel,	Md.	207	707
	23. PART I. Enter the disesses, or				not snter	the mo-	de of dy	ing, suc	h ss cardle	c Dr reapi	iretory s	rrest,		roxim	
	shock, or heart feliure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  a. ACUTE MYOCARDIAL INFARCTION  Due TO (OR AS A CONSEQUENCE OF):														
	disease or condition resulting in death)	. ACU	TE	M	40 C	A 12	DI	AL	· I	NF	-AR	2071	ON		
		DUE TO	(OR AS A CONSEC	VENCE C	)F):		0./	_	- 1		. —				
Z	Sequentially list conditions,	b. ACNE	121	ESP	IRA	TPI	24	(-	-411	كالاار	トロ				
Ĕ	If any, leeding to immediate ceuse. Enter UNDERLYING	DUE TO	(OR AS A CONSEC	A	)F): 	1/1	NTI	010	N NO	) ,	$\Delta a a$	HV	THMOT		
윤	CAUSE (Disesse Dr injury that initiated events	c. A DUE TO	OR AS A CONSEC	M M	DE:	V	1711	1010	VLIT		11-72		(3 (3 (2))		
CERTIFICATION	resulting in deeth) LAST	HVP	OXIC	E	MC	E	PH	AL	OPF	THE	Y				
2															
4	PART II. Other significant condition	_		_	in the un	dariying	g cause	given in	Part i. 2	4a. WAS AN PERFO		24	AWAILABLE	E PRIOR	TO
ă	SEIZUR	6-5	HIV	>	EFI	تلسا	1	10	2,	YES 2	NO I		OF DEATH		AUSE
PHYSICIAN: MEDICAL													1 TYES	2 🔲 1	OP
A	25. WAS CASE REFERRED TO MEDICAL	T	<del></del>				tor or n	- AT11 (0)							_
고 고	EXAMINER?	HOSPITAL:	Trans.		OTHER	₹:			heck only one)						
1×S	1 TYES 2 NO	28a. DATE OF	ER/Outpatient 3	28b. TI		28c. INJ		esidence	8 Other	Specify)	INJURY O	CCURED	_	_	-
	1 Natural 8 Pending	LL (Month, E	Day, Your D		JURY	WO	PRK? YES 2 [	NO							
BY															
TEC	4 Homicide 8 Could not be datarmined	building,	, atc. (Specify)						City or	Town, State,	)				
J.E	29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.														
COMPLETED	(Check only one) 2 MEDICAL EXAMIP												(a) and men	ner as s	tated.
	29b. SIGNATURE AND TITLE OF CERTIFI	ER					29c. LIC	ENSE NU	MBER		29d. D/	ATE SIGNE	D (Month, -Q	ny, Year)	
BE	Arvind		enta		BN		D	27	366		•	41:	2/90	) "	
임	30. NAME AND ADDRESS OF PERSON W	8 4/		M 27) (Tvo	e Print)				,,,	_		1	7	_	

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

7 00 Battimare Av. # 5

31. DATE FILED (Moriti, Day, Year)

32. REGISTRAR'S SIGNATURE

Lulia Savidson-Randall

College Park

DHMH-18 Rev 1/89

BALTIMORE, MARYL

ng physician.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified

5

Nallan C. F. 31. DATE FILED (MONTH, Day, 16

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print)

'90

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	1 . STATE	TATE OF MARYLAND /	DEPARTMEN RTIFICAT					
	REGISTRAR  1. DECEDENT'S NAME (First, Middle, Last)	- CE	HIIICAI	2 01	DEATH	REG. N	J	3. TIME OF DEATH
						MONTH	DAY 1	EAR
	Dixie Arra							90 07:22 pm
		SEX 6. AGE (In yrs. last	MONTHS	DAYS	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)
	248-10-2842	□ M 2 X F 72	YRS.			JAN.17,19	)18 N	ORTH CAROLINA
	9e. FACILITY NAME (If not institution, give street a	and number)	9b. CIT	y, TOWN O	R LOCATION OF DI	EATH	9c. COUNT	Y OF DEATH
۳ ا	Physicians Momen	del Heendhal		LaP1	ata			hant -
DIRECTOR	Physicians Memor	rar nospiral		4814	ala		1 4	harles
Ĭ Ĭ	10e. STATE 10b. COUNTY		10c. CITY, TOWN	OR LOCAT	ION			tod. INSIDE CITY
품	MARYLAND CHARLE	S	WALDORF					t YES 2 X NO
	10e. STREET AND NUMBER	<u> </u>			. ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?
8	D 0 POV 226				20604		USA	
FUNERAL	P.O. BOX 336	WAS DESCRIPTIVED IN U.S. AND	1.00					0.00
교	11. MARITAL STATUS 12.  1 Never Merried 2 X Merried	WAS DECEDENT EVER IN U.S. ARI FORCES? 1 YES 2 KN	MED 13.	If yes, spe	ecify Cuban, Mexica	NIC ORIGIN? (Specify ) in, Puarto Rican, etc.)	es or No- 14	I. RACE — American Indian, Black, White, atc.
B	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES	1	1 TYES	2 NO Specif	y:		Specify: WHITE
E	15. DECEDENT'S EDUCATIO (Specify only highest grade comp	pleted) (Gi	Ve kind of work done  Do NOT use retired.	during mos		18b. KIND OF B	USINESS/INDUS	STRY
豐		ollege (1-4 or 5+)				AL.		
悬	12TH GRADE		HOMEMAKE	:K		N/	A	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					AME (First, Middle, Maid		
BE	FRANCIS MARION FAUL	KNER			emma ri	JTH RICHAF	DSON	
	19e. INFORMANT'S NAME (Type/Print)	198	. MAILING AOORES	S (Street e	nd Number or Rural	Route Number, City or 7	wn, State, Zip C	ode)
2	JOSEPH MILES CAUDLE	:   P	O. BOX	336.	WALDOR	F, MARYLAN	D, 20	604
	20e, METHOD OF DISPOSITION	20b. PLACE	OF DISPOSITION (A	ame of cen	netery, crematory or	20c. 1	OCATION - CI	ly or Town, State
	1 Y Buriel 2 Cremetion 3 Removal 4 Donetion 5 Other (Specify)	from State other ple	ITY MEMO	RTAL	GARDENS	WA	DORF.	MARYLAND
	21. STORATURE OF FUNERAL SERVICE LIDENS							NERAL HOME, INC.
	11111111111		-		10 ADDITECT OF 17	THE H	INTT FII	NERAL HOME INC.
						THE III	MII IU	MEINE HOLLSTING
	MMM	1017		0.0.	BOX 156	,WALDORF,	IARYLAN	D 20604-0156
	23. PART i. Enter the diseases, or com		ath. Do not anta	0.0.	BOX 156	,WALDORF,	IARYLAN	D 20604-0156
	shock, or heert fallure. List	plications that caused the de only one cause on each line	ath. Do not anta	0.0.	BOX 156	,WALDORF,	IARYLAN	D 20604-0156 at, Approximate interval Between
	shock, or heert fallure. List IMMEDIATE CAUSE (Finel		ath. Do not anta	0.0.	BOX 156	,WALDORF,	IARYLAN	D 20604-0156
	shock, or heert fallure. List	only one cause on each line	ath. Do not anta	r tha mo	BOX 156. de of dying, suc	,WALDORF , N the as cardiac or rea	IARYLAN piratory arres	D 20604-0156  Approximate interval Between Onset and Death
	shock, or heert fallure. List IMMEDIATE CAUSE (Finel disease or condition	only one cause on each line	ath. Do not anta	r tha mo	BOX 156. de of dying, suc	,WALDORF , N the as cardiac or rea	IARYLAN piratory arres	D 20604-0156  Approximate interval Between Onset and Death
NO	shock, or heert failure. List IMMEDIATE CAUSE (Finel disease or condition recuiting in death)	only one cause on each line	ath. Do not anta	r tha mo	BOX 156. de of dying, suc	,WALDORF , N the as cardiac or rea	IARYLAN piratory arres	D 20604-0156  Approximate interval Between Onset and Death
TION	shock, or heert failure. List  IMMEDIATE CAUSE (Finel disease or condition reculting in death)  Sequentially liet conditions, if eny, leeding to immediate	only one cause on each line	ath. Do not anta	r tha mo	BOX 156. de of dying, suc	,WALDORF , N the as cardiac or rea	IARYLAN piratory arres	D 20604-0156  Approximate interval Between Onset and Death
CATION	shock, or heert failure. List  IMMEDIATE CAUSE (Finel disease or condition recuting in death)  Sequentially liet conditions, if eny, leeding to immediate ceuse. Enter UNDERLYING	OUE TO (OR AS A CONSECUTION OF TO (OR AS A CONSECUTION OR AS A CONSECUTION OF TO (OR AS A CONSECUTION OR AS A CONSECUTION OF TO (OR AS A CONSECUTION OR AS A CONSECUTION OF TO (OR AS A CONSECUTION OR AS A CONSECUTION OF T	ath. Do not anta APR DUENCE OF): AUTOMOTION APR DUENCE OF):	r tha mo	BOX 156. de of dying, suc	,WALDORF , N the as cardiac or rea	IARYLAN piratory arres	D 20604-0156  Approximate interval Between Onset and Death
IIFICATION	shock, or heert failure. List  IMMEDIATE CAUSE (Finel disease or condition reculting in death)  Sequentially liet conditions, if eny, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initieted evente	only one cause on each line	ath. Do not anta APR DUENCE OF): AUTOMOTION APR DUENCE OF):	r tha mo	BOX 156. de of dying, suc	,WALDORF , N the as cardiac or rea	IARYLAN piratory arres	D 20604-0156  Approximate interval Between Onset and Death
ERTIFICATION	shock, or heert failure. List IMMEDIATE CAUSE (Finel disease or condition recuiting in death)  Sequentially liet conditions, if eny, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury	OUE TO (OR AS A CONSECUTION OF TO (OR AS A CONSECUTION OR AS A CONSECUTION OF TO (OR AS A CONSECUTION OR AS A CONSECUTION OF TO (OR AS A CONSECUTION OR AS A CONSECUTION OF TO (OR AS A CONSECUTION OR AS A CONSECUTION OF T	ath. Do not anta APR DUENCE OF): AUTOMOTION APR DUENCE OF):	r tha mo	BOX 156. de of dying, suc	,WALDORF , N the as cardiac or rea	IARYLAN piratory arres	D 20604-0156  Approximate interval Between Onset and Death
CERTIFICATION	shock, or heert failure. List IMMEDIATE CAUSE (Finel disease or condition recuiting in death)  Sequentially liet conditions, if eny, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initieted evente resulting in death) LAST	OUE TO (OR AS A CONSECUTION OF T	ath. Do not anta  APR DUENCE OF):  DUENCE OF):	P.O.  r tha mo  CHY  ERC	BOX 156. Ide of dying, such	Se Cons	CESTO	D 20604-0156  Approximate interval Between Onset and Death
	shock, or heert failure. List  IMMEDIATE CAUSE (Finel disease or condition reculting in death)  Sequentially liet conditions, if eny, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initieted evente	OUE TO (OR AS A CONSECUTION OF T	ath. Do not anta  APR DUENCE OF):  DUENCE OF):	P.O.  r tha mo  CHY  ERC	BOX 156. Ide of dying, such	WALDORF, It is as cardiac or real to the as	IARYLAN piratory arres	D 20604-0156  Approximate interval Between Onset and Death  24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
	shock, or heert failure. List IMMEDIATE CAUSE (Finel disease or condition recuiting in death)  Sequentially liet conditions, if eny, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initieted evente resulting in death) LAST	OUE TO (OR AS A CONSECUTION OF T	ath. Do not anta  APR DUENCE OF):  DUENCE OF):	P.O.  r tha mo  CHY  ERC	BOX 156. Ide of dying, such	WALDORF, It is as cardiac or real to the as	ARYLAN piratory arrea  CES TO	D 20604-0156  Approximate interval Between Onset and Death  24b. WERE AUTOPSY FINDINGS
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Post

Irlia Davidson-Randelle

Office Rd. Cenna CenterWaldorf

DHMH-18 Rev t/89

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DALLIMONE, MA	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be remainded to the control of the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 at be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be not
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5	with	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	ent,
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DIVISION OF VITAL RECORDS, F.O. BOA 13149,	Prtiffe	giene	othe
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REGISTRAR		100	CI	ERTIF	CATE	OF	DEATH		REG. NO	).			
1. DECEDENT'S NAME (First	i, Middle; Last)	Charle	s J.	Cherc	sky			2. DATE O		AY 1990	YEAR	3. TIME OF DEA 5:05	А
4. SOCIAL SECURITY NUM			B. AGE (In yrs. les		IF UNDER	1 YEAR	IF UNDER 24 HRS.	7. DATE C	F BIRTH Day, Year)		Count		
191-03-266		1 X M 2 □ F	77	YRS.					. 5,1	_		nsylvani	a
Shady Groverspector of DE	ve Adve		spital	ital Rockville						ontgo	omery		
10a. BTATE Maryland	10b. COUNTY	gomery			r, rown o							10d. INSIDE CIT LIMITS? 1 YES 2 X	
10e. BTREET AND NUMBER	ì						ZIP CODE			10g. CIT	IZEN OF	WHAT COUNTRY?	
10 Belle H	lollow	Court					20882			Un:	ited	States	
11. MARITAL STATUS  1 Never Married 2 3  Wildowed 4 Div	-	12. WAS DECEDENT FORCES? 1 [ IF YES, GIVE WA	YES 2 X		1 1	If yes, spe	ENDENT OF HISPAN ecify Cuben, Maxica 2 X NO Specify	n, Puarto R			14. RAC	E American Ind k, White, etc.	en,
0.00	CEDENT'S EDUC				1			1				White	_
15. DE (Specify or Elementary/Secondary (	(G	. Do NOT us	vork done se retired.)	during mo	DN st of working	16b.	KIND OF BU		DUSTRY				
		Bus	DLIA	er				tro			_		
17. FATHER'S NAME (First, I		14- 01-	1				16. MOTHER'S NA						
		lix Cherc				10/10/20				erosky			
19a. INFORMANT'S NAME							nd Number or Rural						
Sylvia Ch								Gaithersburg, Maryland 20					88
20a, METHOD OF DISPOSI 12 Burlel 2 Cremet		oval from Stata	other p	(mon)			netery, crematory or						
4 Donition 5 Othe		A	Natio	onal			Park					, Virgi	nı.
21. SIGNATURE OF FUNER	AL SERVICE LIC	ENSEE			22.	10 E	d ADDRESS OF FA	ciury Par			iera.	L nome	
	UXI	Hagan			- 1		hersburg				0877		
23. PART I. Enter the	liseasea, or c	omplications that	caused the de	eath. Do r							rrest,	Approxim	
		List only one caus	e Dn aach Iln	е.								Onset an	
disease or condition resulting in death)													
Sequentially list conditions, Coal Workers Pneumoconisis													
If any, leading to immediate. Enter UNDERLY	/ING	Brong	chogeni	c Car	cinc	ma							
CAUSE (Disease or inj that initiated events	ury	DUE TO (	OR AS A CONSE	OUENCE O	F):								
resulting in death) LA	ST	d Pneur	nonia										
				7.55.25					in the state of				
PART II. Other signific	ant condition:	s contributing to t	seath but not	resulting	in the ur	nderiyin	g cause given in	Part I.	24a. WAS A	RMED?	24	b. WERE AUTOPSY AVAILABLE PRIOR	OT F
								— I	1 TYES	2 X NO		COMPLETION OF DF DEATH?	CAU
								I				1   YES 2	NO
25. WAS CASE REFERRED EXAMINER?	TO MEDICAL	HOSPITAL:			OTHE		ACE OF DEATH (CA	neck only on	9)				
1   YES 2   NO		1 mpatient 2 -	ER/Outpatient	3 🗆 DOA	OTHE		se 5 🗆 Residence	6 🗆 Other	(Specify)				
27. MANNER OF DEATH  1 Natural 6 2 Accident	ANNER OF DEATH  26a. DATE OF INJURY (Month, Day, Year)  26b. TIME OF INJURY												
~	2   Accident 3   Suicide 4   Homicide  28a. PLACE OF INJURY — At home, farm, street, factory, office 4   Homicide  28d. LOCATION (Street and Number or Rural Rou-City or Town, State)  29a. CERTIFIER (Check only one)  1   CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.							Route Number,					
					15.00	_		. 53	43.4				
4 Homicide  29a. CERTIFIER (Check only 1 CER		CIAN: To the best of a										(e) and manner as	state
4	DICAL EXAMINE	R: On the beals of ax					lesth occured at the	time, data		end due to	the cause		
4 Homicide  29a. CERTIFIER (Check only 1 CER	DICAL EXAMINE	R: On the beals of ax						time, deta		end due to	the cause	(e) and manner sa D (Month, Day, Year	

31. DATE FILED (Month, Day, Year) 90 32. REGISTRAR'S SIGNATURE
GUILLA DEVILUATION DHMH-16 Rev 1/89

Rocks.lla

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

AP 21203-3146

	N	-	9
6,	TAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2	VAL DIRECTOR: After this certificate has been signed by the attending physician and completely fi	72 hours after death with the State Dept. of Health and Mental Hydiene prior to burial, cremation
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	ecuted	nd con	burial,
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S	DING	After	death
S	TEN	10H	after
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FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART			MENTAL HYGIEN					
1. DECEDENT'S NAME (First, Middle, La	TULL		OUREY		2. DATE OF DEATH		3. TIME OF DEATH			
Deborah	Anne		H-1-Cou	nev		5 90				
4. SOCIAL SECURITY NUMBER		(In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. BIR	THPLACE (State or Foreign			
215 50 8681 9a. FACILITY NAME (If not institution, gi		3 1 YRS.	9b. CITY, TOWN C	HOURS MIN.	June 17	1958 W	ash. D.C.			
Randolph Rd. &	Randolph Rd. & Kemp Mill Rd. Wheaton Montgo									
10a. STATE 10b. COU		10c. CITY,	TOWN OR LOCAT	ION			10d. INSIDE CITY			
Maryland Mo	ntgomery	Wh	eaton				1 YES 2 NO			
10e. STREET AND NUMBER 11714 Galt  11. MARITAL STATUS 1 Never Married 2 Tr Married	Avenue			0902		U.S.	A .			
11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	2 NO	If yes, sp		NIC ORIGIN? (Specify Years, Puerto Rican, etc.)  y:	ns or No 14. RA Bla	CE — American Indian, ack, White, etc.			
15. DECEDENT'S (Specify only highest g		ille. Do NOT use	ork done during mo retired.)	st of working	0	usiness/industry	echnology			
12	yes	Adm. Mg	r.Grap	nics T	ech. Gra	p	0002000			
17. FATHER'S NAME (First, Middle, Last) Robert L.	Tull			18. MOTHER'S NA Mary A	nn Parsi					
19a. INFORMANT'S NAME (Type/Print) Taylor D. Cou	rey	196. MAILING /			Route Number, City or To		902			
20e. METHOD OF DISPOSITION  Buriel 2 Cremetion 3 F  Donation 5 Other (Specify)	Removal from State	b. PLACE OF DISPOSI other place) rlington	TION (Name of cer	netery, crematory or	20c. L	ocation - city or Arlingt	Town, Stats			
21. SIGNATURE OF FUNERAL SERVICE				D ADDRESS OF FA						
1 Kendall	Burney C	Jancil	7 TAK	OMA FU	NERAL HO		hington D(			
23. PART I. Enter the diseases, shock, or heert fellu iMMEDIATE CAUSE (Final disease or condition resulting in death)	disease or condition Multiple Injuries									
Sequentially list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	A CONSEQUENCE OF)								
PART II. Other aignificant conditions of the con	tions contributing to death	but not resulting in	the underlyin	g cause given in		PRMED?	Ab. WERE AUTOPSY FINDINGS ANAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1 VES 2 ND			
25. WAS CASE REFERRED TO MEDICA EXAMINER?	HOSPITAL:	1		ACE OF DEATH (C	heck only one)					
1 VES 2 □ NO	1   Inpatient 2   ER/Ou		OTHER: 4   Nursing Hon	e 5 🗆 Residence	8 Other (Specify)					
27. MANNER OF DEATH	28s. DATE OF INJURY (Month, Day, Year)	INJU	OF 28c. IN.	URY AT	28d. DEŞCRIBE HOW	INJURY OCCURED				
1 Natural 5 Pending 2 Accident Investigat	2-25-0/	5:30	)P <sup>M</sup> 1 🗆		Passenger	in auto	/truck impac			
3 Suicide 8 Could not 4 Homicide determine	building, etc. (Sp.	N — At home, farm, at ecity) Road	reet, factory, offic	•	City or Town, State		M Route Number, Kemp Mill Ro			
D contract to	HYSICIAN: To the best of my kno				e to the cause(s) and m	anner as Mhea	iton, MD			
	MINER/Oy the beels of examinet	on and/or investigation	, in my opinion, i	29c. LICENSE NU			e(s) and menner as stated.  ED (Month, Day, Year)			
39 NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF THE	EATH (ITEM 27) (I	Print)			▶ 3-	26-90			
Julia C. Goodi	n, M.DAssist	tant	r (	111 Peni	n St., Bal	timore,	MD 21201			
ADD 02 '90	32. REGISTRAN'S SIG									

DHMH-16 Rev 1/89

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3. TIME OF CEATH

DHMH-16 Rev 1/89

YEAR

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retain TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 8 mm be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. IN INFORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified.

	C	harlo	tte E. Co	rnwel	1					March	29,	1990	0	7:45 AM M
	4. SOCIAL SECURITY NUMB		5. SEX		s. last birthday)	IF UNDER	1	IF UNDER		7. DATE OF E	HETH			PLACE (State or Foreign
	218-30-2879		1 🗌 M 2 🛣 F	69	YRS.	MONTHS	DAYS	HOURS	MIN.	April	18,	1920		Zealand
	9s. FACILITY NAME (# not ins	stitution, give :	street and number)			9b. CIT	, TOWN O	R LOCATIO	ON OF DE	ATH		9c. COUR	ITY OF D	EATH
8	12604 Gra	ce Ma	x Street			Rockville Mon						onta	omery	
5	RESIDENCE OF DEC	EDENT 10b. COUNT			The second									
DIRECTOR					10c. C11									10d. INSIDE CITY LIMITS?
	Maryland	Mon	tgomery			Roc	kvil]							1 TES 2 X NO
RA					101. ZIP CODE									/HAT COUNTRY?
FUNERAL	12604 Grace	Max	Street 12. WAS DECEDEN			1.0		2085				_		land
2	1 Never Married 2	Married	FORCES? 1	YES 2	NO		If yes, spe	city Cubs	n, Mexicar	IIC ORIGIN? (S n, Puerto Rica	pecity Ys: n, atc.)	or No-	14. RACE Black	— American Indian, t, White, etc.
BY	3 XXWidowed 4 ☐ Divo		IF YES, GIVE V	AR OR DATE	5		1 TYES	2 <u>A</u> NO	Specify	r:			Speci	White
	15. OECI	EDENT'S EOL	JCATION	18	a. OECEDENT'S	USUAL C	CCUPATIO	N .		16b. KIN	D OF BU	SINESS/INC	USTRY	
E	(Specify only Elementary/Secondary (0	highest grad	e completed)  College (1-4 or 5	.,	(Give kind of life. Do NOT u	work done se retired.)	during mos	st of working	ng					
7	12	/	ountgo (1 v or 5		Instru	ctor				Cr	afts	8 & K	nitt	ina
6	17, FATHER'S NAME (First, Mi	ddle, Last)		•				18. MOT	HER'S NAI	ME (First, Midd				
BE COMPLETED	Richard B	urman						В	eatr	ice Ma	ry F	King		
-	19s. INFORMANT'S NAME (7)	rpe/Print)			19b. MAILING	ADDRES	S (Street a			Poute Number, (			Code)	
2	Christine	Lee			12604	Grad	ce Ma	ax St	reet	Roc	kvil	le, M	ID 2	20853
	20s. METHOD OF DISPOSITI		and the State	20b. PL	ACE OF DISPO	SITION (N	ame of cen	netery, cren	natory or		20c. LC	CATION —	City or To	wn, State
	4 Donstion 5 Other		noval from State		rklawn	Memo	orial	l Par	ck		Roc	kvill	e, M	Maryland
	21. SIGNATURE OF FUNERAL	L SERVICE LI	ICENSEE			22. D	NAME AN	D ADDRE	SS OF FA	CILITY	Fune	rali	Home	/
	* Koulan	11 =	trench		M00198	R	ockv	ille	, In	phrey c. 300 lle. M	Wes	t Mo	ntgo	mery
	23. PART I. Enter the di	seases, or	complications the			not ente	r the mo	e RO	ing, suci	h as cardiac	or resp	Iratory an	reat.	Approximate
- 1			List only one car											Interval Between Onset and Death
	immediate cause (Final disease or condition resulting in death)  s. Stagg II B Mixed Nodules Lymphome  Due To (or as a consequence of):									- 7 mos				
	resulting in death)		B. DUE TO	(OR AS A CO	NSEQUENCE C	F):					Ar	PIN	J.	1700
z			h											
흔	Sequentielly list conditi if any, leeding to imme-		DUE TO	(OR AS A CO	NSEQUENCE C	F):								
CERTIFICATION	cause. Enter UNDERLY		с											
H	thet initiated events resulting in death) LAS	· .	DUE TO	(OR AS A CO	INSEQUENCE C	P):								
H	readiting in datatif EAS		d											
١٢	PART ii. Other significe	nt conditio	ns contributing to	death but	not resulting	in the u	nderlying	cause	given in	Part i. 24		AUTOPSY	24b	WERE AUTOPSY FINDINGS
MEDICAL	Hump to	m Sic	>/`							1	YES	RMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	Paroxy	sme	de A	ral T	Fibril	las	-	1				36		1 YES 2 NO
N.														
	25. WAS CASE REFERRED TO	O MEDICAL					28. PL	ACE OF D	EATH (Ch	eck only one)				
Sic	EXAMINER?		HOSPITAL:	☐ ER/Outpatio	ent 3 🗆 DOA	4 D Nu		e 5 X R	esidencs	8 Other (S	oecify)			
PHYSICIA	27. MANNER OF DEATH	2 - 10	28a. DATE Of		28b. TH		28c. INJ			28d. DESCR		INJURY OC	CURED	
ВУР		Pending Investigation	Imovin, i	yay, roary	"	M		YES 2	] NO					
	2 Coulotete	Could not be	28s. PLACE (	of INJURY — etc. (Specify)	Al home, farm,	street, fa	ctory, offic	•		28f. LOCATIO	ON (Street	and Number	r or Rural	Route Number,
TE	4 Homicide	determined		(3,733,77						,		, 		
PLE	29a. CERTIFIER (Check only	TIFYING PHY	SICIAN: To the best o	f my knowled	ge, death occur	red at the	ilme, date	and place	, and dus	to the cause(	s) and me	Oner as ste	ted.	
COMPLETED	one)	ICAL EXAMIN	IER: On the basis of t	xamination a	nd/or investigati	on, in my	opinion, d	eath occu	red at the	time, date sno	d place, s	nd dus to ti	he cause(	s) and menner as stated.
20h SIGNATURE AND TITLE OF CERTIFIED							MBER		29d. DAT	E SIGNED	(Month, Day, Year)			
) BE	Phyllos	X	hen	CIM.	34			D	126	520		► M	arch	29. 1990
욘	30. NAME AND ADDRESS OF	F PERSON W	HO COMPLETED CAL	ISE OF DEATH	1 (ITEM 27) (Typ	e, Print)	50	w	Edi	nond	-42	Din	~	1.111.
	1 1	2					100							
	Ph	ullis	Sch	we in	ermo			R	och	ull	L.	md	20	5280
	31. DATE FILED (Month, Day, APR 02	Year) 'Qn	32. REGISTR	AR'S SIGNATI		2		R	ock	ull	· )	md	20	2280

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit Pages be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

BALTIMORE, MARYLAND 21203-3146

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

١	FOR STATE REGISTRAR	STATE OF MA	RYLAND / DEPARTMENT OF HEALTH AN CERTIFICATE OF DEATH		HYGIENE REG. NO.
1.	DECEDENT'S NAME (First, Middle, Last)				OF DEATH
	MADTAN	77	COMPON	MONTH	

4. SOLAL SECURITY NAMER  2 15 - 54 - 69 45  1	1 - STATE REGISTRAR		CERTIFIC	CATE OF	DEATH		REG. NO.	•		
MARIAN F. CORROY FUNDAME IS SEC. SACE (P. P. CORROY F. WILLIAM S. SOCIAL SECURITY MARKE IT OF THE STATE OF TH	1. DECEDENT'S NAME (First, Middle, Last)				-				VEAR	3. TIME OF DEATH
21.5—5.4—69.45  10. MEN YORK  10. COUNTY NAME (IF OR INSURING, you stress and number)  10. COUNTY NAME (IF OR INSURED, you stress and number)  10. COUNTY NAME (IF OR INSURED, you stress and number)  10. COUNTY NAME (IF OR INSURED, you stress and number)  10. COUNTY ON COLOCATION OF DEATH  MANNOR CARE  10. COUNTY ON COLOCATION  1	MARIAN	F.	CONROY							3:00 A. M
## AUG. 18. 1912 NEW YORK  ## ROUTIVE MAY OF Institution, or single or institution, or institution or institution.  ## AUG. 18. 1912 NEW YORK  ## AUG. 18. 1912 NEW YORK  ## AUG. CITY, TOWN OR LOCATION OF DEATH  ## MONTGOMERY  ** SETTIVE  ## MONTGOMERY  ** SETTIVE AND NO. COUNTY  ** MARYLAND  ## AUG. CITY, TOWN OR LOCATION  ** SETTIVE AND NO. COUNTY  ** MARYLAND  ## AUG. CITY, TOWN OR LOCATION  ** TOWN OR LOCATIO	4. SOCIAL SECURITY NUMBER	5. SEX 6. AG				7. DATE OF	F BIRTH	1	BIRTHE	PLACE (State or Foreign
MANDERSON AUGUSTA  THE COUNTY  MARYLAND  MONTGOMERY  SILVER SPRING  10. SPR		21	77 YRS.			AUG.	18, 1		NEW	YORK
MARYLAND   NO.COUNTY   NO.COUNTY   NO.COUNTY   NO.COUNTY   NO. COUNTY   NO. COUNT	MANOR CARE	nion en numbery				AIH				
MARYLAND MONTCOMERY  SILVER SPRING  10. WE 2 DODE 20902  USA  11. MARYLAND EXTURE 11. MARYLAND TOWNERS 2 DESCRIPT EVER BY U.S. A READ WORKER 21   18. M. 2 DODGE COUNTRY 11. MARYLAND EXTURE 12. WE 2 DODGE COUNTRY 13. WE 2 DODGE COUNTRY 14. MARYLAND EXTURE 15. WE 2 DODGE COUNTRY 16. WE 2 DODGE COUNT		Y	10c. CITY,	TOWN OR LOCAT	ION				T	10d. INSIDE CITY
2128 HENDERSON AVENUE  20902  USA  11. MARTIAL STRIVES  12. West DECEDENT EVERN NU.S. ARMED PROCED T   USA 2   More  13. West DECEDENT CONTROL (1) 18. 2   More  13. West DECEDENT CONTROL (1) 18. 2   More  13. West DECEDENT CONTROL (1) 18. 2   More  14.   December 18.   Decemb		MONTGOMERY								1 YES 2 NO
11. MARTIA STATUS   To Have Martiad 2   Married   10   Married   1		AVENUE		101						HAT COUNTRY?
Close Standard Standa	1 Never Married 2 Married	FORCES? 1 YE	S 2 NO	If yes, spe	city Cuban, Mexica	n, Puerto Ric		or No—	Black,	, White, atc.
THE NAME (Properties)  189. MALEND A.ALFARO  (DAUGHTER)  190. MALEND AODRESS (Sover and Number or Paul Flack Number, City or Paul, Stain, Zp Code)  10.8 burley 2   Cremetion 3   Pamovest from State  200. PLACE OF DISPOSITION (Number of combinity, commonly or CATE OF HEAVEN MAUSOLEUM  SILVER SPRING, MARYLA  21. SIGNATURE OF OPENSOR OF PROPERTIES (Sover and Number or Paul Flack Number)  10.8 burley 2   Cremetion 3   Pamovest from State  22. ANAME AND ADDRESS OF PROLITY  FRANCIS J. COLLINS FUNERAL HOME, INC.  500 UNIVERSITY BLVD., W., SIL. SP., MD 20  23. PART L. Enter the diseased of complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, infarrary Basive Ones and Decessor or condition— resulting in death)  24. Man Consecution  16 arry, heading to British LAST  DUE TO (OR AS A CONSEQUENCE OF):	(Specify only highest grad	College (1-4 or 5+)	(Give kind of wo	ork done during mo- retired.)		16b. K	(IND OF BUSI	NESS/INDU	STRY	
CHARLES L. B. ORDWAY  This is information and programmers in the control of the c	17. FATHER'S NAME (First, Middle, Last)				18 MOTHER'S NA	ME (Eight Mil	drilla Mairian C	(mame)		
SHARON A. ALFARO  (DAUGHTER)  123 NORTHWAY, GREENBELT, MARYLAND 20770  205, MERROD OF DISPOSITION   Comment or comment from State   Comment or		DWAY								
20s. METHOD OF DISPOSITION 10 Buril 2   Gramation 3   Ramoval from State 20s. PLACE OF DISPOSITION (Name of camelate), cemenatory or 10 Buril 2   Gramation 3   Ramoval from State 20s. PLACE OF DISPOSITION (Name of camelate), cemenatory or 22s. August 2   Gramation 3   Ramoval from State 22s. CALLES (Final desease) of complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Battory 10s. August 2   Approximate interval Battory 10s. August 2   Approximate interval Battory 10s. August 2   Approximate interval Battory 10s. As a Consequence or; 11 and, leading to immediate cause. Enter UNDERLYING 2AUSE (Disease or Injury 11 and 11 an				ADDRESS (Street a	nd Number or Rural I	Route Number	, City or Town,	State, Zip (	Code)	
10.5 Burtal 2   Crametion 3   Rannoval term State   4. Donalin 5   Other (Specify)   21. SIGNATY OF PRIMAL SERVICE   22. ANALE AND ADDRESS OF FACILITY   FANCES J. COLLINS FUNERAL HOME, INC. 500 UNIVERSITY BLVD., W., SIL. SP., MD 20 23. PART I. Enter the disease of complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, inflarryal Barwin (Interval Barwin Charles)   10. Burtal S.   Specific   11. Burtal S.   Specific   12. ANALE AND ADDRESS OF PACILITY FINANCIAL HOME, INC. 500 UNIVERSITY BLVD., W., SIL. SP., MD 20 23. PART I. Enter the disease of condition of complications that cause of the fundamental specific   23. PART I. Specific   24. Burtal S.   Specific   25. PLACE OF OEATH (Check only one) 26. PLACE OF OEATH (Check only one) 27. MANNER OF DEATH   28. During Index Specific   29. Burtal S.   Specific   29. Burtal S.   Specific   29. Burtal S.   Specific   29. Burtal Specific   29. Burtal S.   Specific   29. Burtal Specific	SHARON A. ALFARO					LT, M	ARYLAN	ID 20	770	
23. PART I. Enter the disease of or complications that caused the deeth. Do not enter the mode of dying, auch as cardiec or respiratory arrest, indiversed to the cause of the country arrest, individually a condition and the country arrest, individually a condition are untilling in death)  DUE TO (OR AS A CONSEQUENCE OF):  24. WAS AN AUTOPSY FROM MARABLE PRIOR TO COMPLETION OF CAUSE OF DEATH (Theek only only only only only only only only	1 D Buriel 2 Cremation 3 Ren	noval from State	COB. PLACE OF DISPOSIT GATE OF HE	AVEN MAI	USOLEUM		SILV	ER S	PRIN	G, MARYLAN
23. PART II. Enter the diseases of complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, abock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition needline)  Let only one cause on each line.  Let only one cause on each line.  DUE TO (OR AS A CONSEQUENCE OF):  Bequentially list conditions, and interest the mode of dying, such as cardiec or respiratory arrest, linearly list conditions, and the caused of line.  DUE TO (OR AS A CONSEQUENCE OF):  DUE	21. SIGNATURE OF FUNERAL SERVICE L	Colo		FRANC	IS J. CO	CILITY LLINS Y BL.VI	FUNER	AL H	OME,	INC.
PERFORMEO? 1 YES 2 NO  25. WAS CASE REFERREO TO MEDICAL EXAMINER? 1 YES 2 NO  26. PLACE OF OEATH (Check only one)  27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident 8 Could not be detarmined  28. PLACE OF OEATH (Check only one)  27. MANNER OF DEATH 28. DATE OF INJURY Month, Day, Year)  28. TIME OF INJURY AT WORK? Month, Day, Year)  28. PLACE OF OEATH (Check only one)  27. MANNER OF DEATH 28. DATE OF INJURY Month, Day, Year)  28. DESCRIBE HOW INJURY OCCURED  28. PLACE OF INJURY AT WORK? 1 YES 2 NO  28. DESCRIBE HOW INJURY OCCURED  28. DESCRIBE HOW INJURY OCCURED  28. PLACE OF INJURY AT WORK? 1 YES 2 NO  28. DESCRIBE HOW INJURY OCCURED  28. DESCRIBE HOW INJURY OCCURED  28. LOCATION (Sireet and Number or Pural Route Number, City or Rown, State)  29. LOCATION (Sireet and Number or Pural Route Number, City or Rown, State)  29. LOCATION (Sireet and Number or Pural Route Number, City or Rown, State)  29. LOCATION (Sireet and Number or Pural Route Number, City or Rown, State)  29. LICENSE NUMBER 29. SIGNATURE AND TITLE OF CERTIFIER  29. LICENSE NUMBER 29	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	b. Diabe DUE TO (OR AS	s a consequence of:	llif	-s	e Ken				2 year
EXAMINER?    YES 2   NO	PART II. Other algnificant condition	ne contributing to death	but not reculting in	the underlying	g cause given in		PERFORM	AEO?	24b.	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
EXAMINER?    YES 2 NO										
27. MANNER OF DEATH  1 Natural 2 Aceldent 3 Suicide 8 Could not be detarmined  28e. PLACE OF INJURY — At home, farm, street, factory, office 4 Homicide  28e. PLACE OF INJURY — At home, farm, street, factory, office 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.  29e. SIGNATURE AND TITLE OF CERTIFIER  29e. LICENSE NUMBER 29e. DESCRIBE HOW INJURY OCCURED 28e. DESCRIBE HOW INJURY OCCUR	EXAMINER?		utantiant 2 1 Bas	QTHER:						
Natural   2   Accident   3   Suicide   8   Could not be detarmined   28e. PLACE OF INJURY — At home, farm, street, factory, office   28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)   29e. CERTIFIER (Check only one)   2   MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(e) and manner as stated.    29e. SIGNATURE AND TITLE OF CERTIFIER   29e. LICENSE NUMBER   29e. LICENSE NUMBER   29e. DATE SIGNED (Month, Dey, Year)   29e. LICENSE NUMBER   29e. DATE SIGNED (Month, Dey, Year)   29e. DATE SIGNED (Month, Dey,		26a. DATE OF INJUR	Y 28b. TIME	OF 28c. INJ	URY AT			JURY OCC	JRED	
28e. PLACE OF INJURY — At home, farm, street, factory, office 4  Homicide  28e. PLACE OF INJURY — At home, farm, street, factory, office 4  City or Town, State)  28e. Could not be detarmined  28e. PLACE OF INJURY — At home, farm, street, factory, office 28e. CERTIFIER (Check only or Town, State)  29e. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated.  29b. SIGNATURE AND TITLE OF CERTIFIER  29c. LICENSE NUMBER  29d. DATE SIGNED (Month, Day, Year)  30. NAME AND APORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	I de la constitución de la const			RY WO	RK?					
(Check only one)  2 MEDICAL EXAMINER: On the basis of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated.  29b. SIGNATURE AND TITLE OF CENTIFIER  29c. LICENSE NUMBER  29d. DATE SIGNED (Month, Day, Year)  30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	o Codia liot be	28e. PLACE OF INJU building, etc. (S	RY — At home, farm, sti pecify)	reet, factory, offic		281. LOCAT City or	TON (Street ar Town, State)	nd Number o	or Aural A	oute Number,
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	(Check only									and manner as stated.
	296. SIGNATURE AND TITLE OF CERTIFIE	4			b 216	MBER		29d, DATE	SIGNED	(Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF	08 10 (1	Print)	Ave.	Kar	Sin	9 /10	N	0
31. DATE FILED (Month, Day, Year)  32. REGISTRAR'S SIGNATURE  Suhia Savidson-Romballs	-100	32. REGISTRAR'S SI	GNATURE AND					1 101		

The state of the s

Pages		
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	11	1

FOR STATE REGISTRAR	STAT	E OF MARYLAI	ND / DEPARTM			MENTAL HYG					
1. DECEDENT'S NAME (First		. (	Rater	2		2. DATE OF DEAT	DAY Y	S. TIME OF DEATH			
4. SOCIAL SECURITY NUMBER 286 03 643	7 1 D M	2 F 7	7 YRS. MO	UNDER I YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Yes	1 8.	BIRTHPLACE (State or Foreign Country)			
90. FACILITY NAME (If not in La land Ma	morial A	redmi A OSPITA	1 10		-dale	ATH	P-In	ce George			
100. STATE	10d. INSIDE CITY LIMITS? 1/ YES 2 NO										
100. STREET AND NUMBER 7000 11. MARITAL STATUS		ed States									
3 Widowed 4 Dive	1 Never Merried 2 Merried FORCES? 1 YES 2 NO II yes,					E DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—  14. RACE — American Indien, Black, White, etc.)  IYES 2 DOO Specify:  Specify:  White					
(Specify on	EDENT'S EDUCATION y highest grade completed  1-12) College	(1-4 or 5+)	(Give kind of work He. Do NOT use re	done during mo tired.)		16b. KIND O	F BUSINESS/INDUS	TRY			
1.2 17. FATHER'S NAME (First, A	liddle, Last)		Housew	rife	16. MOTHER'S NAI	ME (First, Middle, M	siden Sumeme)				
Roy	Sallida	av			Myrtl	e	Lev	vis			
19a. INFORMANT'S NAME (	Type/Print)			IN FOLK - COLUMN	nd Number or Rural F						
Carroll C					Ave. Col						
1 Burial 2 Cremetic	on 3 Removal from (Specify)	State	PLACE OF DISPOSITION (Cother place)  etropolit	an Cre	matory		c. LOCATION — CIT Llexandri				
21. SIGNATURE OF PONEN	SERVICE LICENSEE			Franc	is J. Co	llins Fu		ne INc. Spr.Md. 20901			
IMMEDIATE CAUSE (Fidisease or condition resulting in death)  Sequentially list condition if any, leading to immediates. Enter UNDERLY CAUSE (Disease or injuited initiated events resulting in death) LAS	lone, diete ing	OUE TO (OR AS A C	consequence of:	1 1 lero	nfar tic G	-ct,	on Sular D	Interval Batwoon Onset end Death Minutes  ISLAN Y LANS			
PART II. Other signification	ent conditione contrib	outing to deeth bu	t not resulting in t	the underlyin	g ceuse given in	PE	AS AN AUTOPSY ERFORMED? ES 2 NO	24b, WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
					-						
25. WAS CASE REFERRED EXAMINER?  1 2 YES 2 NO  27. MANNER OF DEATH	HOSP	ITAL:		THER:	ACE OF DEATH (Ch		4				
27. MANNER OF DEATH	286	. DATE OF INJURY (Month, Day, Year)	28b. TIME O	F 28c. IN.	JURY AT DRK?		OW INJURY OCCUI	RED			
1 Natural 5  2 Accident	Pending Investigation	NA			YES 2 NO						
	Could not be determined	PLACE OF INJURY - building, etc. (Specifi	– At home, farm, stree y)	et, factory, offic	•	28f. LOCATION (S City or Town,	Street and Number or State)	Rural Route Number,			
end will	TIFYING PHYSICIAN: To I							sause(s) end manner as stated.			
296. SIGNATURE AND TITL	Devore!	no E	Ramin	rdia,	29c. LICENSE NUN	852	29d. DATE S	30/90			
Paul A.	DE VOL	E MD	4203	@ Que	ensbur	y Rd tuille	not.	20781			
31. DATE FILED (Month, Day		Lia Bavidson									

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2,

	FOR 1 - STATE REGISTRAR	STATE OF MARYL			HEALTH AND I	MENTAL HYGIEN	_	0 11010		
	1. DECEDENT'S NAME (First, Middle, Last) Grace	Dove		Clem		2. DATE OF DEATH	, 1990 <sup>°</sup>	3. TIME OF DEATH 1:00 A.M		
DIRECTOR	4. SOCIAL SECURITY NUMBER 217-10-704/4	1 □ M 2 🔯 F 77	(In yrs. lest birthday) YRS.	IF UNDER t YEAR	'S HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Dec. 6,19	12	BIRTHPLACE (State or Foreign Country) W.Va.		
	99. FACILITY NAME (If not institution, give st 135 N. Mechanic S				n or Location of DE berland	АТН	9c. county of beath Allegany			
	10e. STATE 10b. COUNTY	egany	1	w, town on Lo Imberla			10d. INSIDE CITY LIMITS? 1 X YES 2 [			
FUNERAL	135 N. Mechanic S				101. ZIP CODE 21502		10g. CITIZEN OF WHAT COUNTRY? U.S.A.			
BY FU	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES			DECENDENT OF HISPAN , specify Cuban, Mexica YES 2 NO Specify	n, Puerto Rican, etc.)				
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elamentary/Secondary (0-12) College (1-4 or 5 +)			,	most of working	12 10 10 10 10 10 10 10 10 10 10 10 10 10	Sb. KIND OF BUSINESS/INDUSTRY			
COMP	4 Housekeeper private homes  17. FATHER'S NAME (First, Middle, Lest)  Martin Carr  Margaret 'Carr' Carr									
TO BE	19b. MAILING ADDRESS (Street and Number or Rural Rouse Number, City or Town, State, Zip Code)  18rs. Betty Guyot  4108 38th St. N.W. Washington, D.C. 20016									
	20a. METHOD OF DISPOSITION 1 X Burlal 2 Cremation 3 Rame 4 Donation 8 Other (Specify)		DISTION (Name of cernetary, cremetory or ler Cemetery Danville Allegany Co.Md							
	21. SIGNATURE OF FLORAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  Silcox-Merritt Funeral Service  404 Decatur St. Cumberland, Md. 21502									
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, abook, or heart fellure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  o. Artelosclerotic Cardio-vascular Disease  Due to (or as a consequence of):									
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  d.									
PHYSICIAN: MEDICAL C	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I.  24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 1 Y									
ICIAN	25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1  Yes 2  NO									
BY PHYS	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	JURY	- INJURY AT WORK?  YES 2 NO	,	RIBE HOW INJURY OCCURED				
								Rural Route Number,		
COMPLETED	29a. CERTIFIER  (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.  2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.									
TO BE (	296. SIGNATURE AND TITLE OF CERTIFIER  296. LICENSE NUMBER  296. LICENSE NUMBER  296. DATE SIGNED (MONTH, Day, Year)  4-5-90  297. LICENSE NUMBER  298. DATE SIGNED (MONTH, Day, Year)									

APLETED CAUSE OF DEATH (ITEM 27/1/1700, Print)

ON SON SELECTION

ON PROJECT AND SELECTION

ON P

	FOR	STATE OF 1	AARYI AN	IN / NEPAS	TMEN	T NE H	EAITH	AND	MENTAL H	VCIEN	E		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	1 - STATE REGISTRAR	OIAIL OI I	MARTIEAR	CERTIF						EG. NO				
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF (	DEATH	AY	YEAR	3. TIME OF OEATH	
	VIVIAN ANN CHAI	NEY							04	ő	_	90	10 41 A	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In y	rs. last birthday)		R 1 YEAR	IF UNDER		7. DATE OF 8	BIRTH V. Visar)		6. BIRT Coun	HPLACE (State or Foreign	
	234581340	1 □ M 2 🂢 F	54	YRS.	MONTHS	UAYS	HOURS	MIN.	April	1935	935 West Virg			
	9e. FACILITY NAME (If not institution, give s	treet and number)			9b. CIT	Y, TOWN C	OR LOCATI	ON OF D	DEATH 9c. COUNTY OF DEATH					
OR	SACRED HEART HO	DSPITAL			C	CUMBERLAND, MARYLAND ALLEGANY							ANY	
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNT	v		10c CI		OR LOCAT							10d. INSIDE CITY	
E		Hampshire				gfiel							LIMITS?	
	WV Hampshire S						. ZIP COD				100 017	17EN 05	WHAT COUNTRY?	
FUNERAL	Rt. 6, Box 2					101	2676				1 2	S.A		
뿐	11. MARITAL STATUS	12. WAS DECEDEN	T 51/50 M ()	0. 40450	1 40	WW 0 0 50								
	1 Never Merried 2 X Merried	FORCES?	YES :	2 ND	13.	If yes, sp	ecify Cubi	ın, Mexica	NIC ORIGIN? (S nn, Puerto Ricar		or No —	Blee	CE — American Indien, ck, Whita, etc.	
ВХ	3 Widowed 4 Divorced	IF YES, GIVE Y	WAR OR DATE	S		1 [] YES	2 (Z) NO	Specif	ly:			Spe	white	
G	15. DECEDENT'S EDU	CATION	16	Be. DECEDENT'S	USUAL C	OCCUPATION	ON		16b. KIN	D OF BU	SINESS/INI	DUSTRY		
	(Specify only highest grade Elementery/Secondary (0-12)	College (1-4 or 5	+)	(Give kind of life. Do NOT u	work done se retired.)	during mo	st of worki	ng		<b>C1</b>			ti Oo	
Ы	N/A		´   .	Floor (	sirl	in S	shoe	Boti	toming-	- Sno	oe Ma	anura	actoring Co	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					-	18. MOT		ME (First, Middle					
BE C	John Frederic	k Field	ls					Mu	riel M	less.	ick			
	19e. INFDRMANT'S NAME (Type/Print)								Floute Number, (				0.68.60	
2	Elwood J. Chaney	Y		]	Rt. (	6, Bo	0x 2	$, S_1$	pringf:	ield	, W	7	26763	
	20s. METHOO OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or 20c, LOCATION — City or Town, State										fown, State			
	4 Donetion 5 Other (Specify)	oval from State		sley C	nape.	l Cer	nete	су		P	oints	5,	WV	
	21. SIGNATURE OF FUNERAL BERVICE LE	ENSEE			22		ND ADDRE							
	South Miranet				Shaffer Funeral Home, Inc.									
-	230 East Main St., Romn													
	23. PART i. Enter the diseases, pr complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ehock, pr haert feliure. Liet only one cause on each line.													
	IMMEDIATE CAUSE (Final disease or condition	0 -		0	(_		01		-10	_	. (	/	Onset and Deat	
	reaulting in deeth)	o. Car	n es	1 O	D	u	スント	47	1 de	ny	etas,	RIC	1 about	
		OUE IC	La	UNSEDUENCE	re j:	h .	0.1.	0	100 -	- U	1.0.	14	about 4 years	
O	Sequentially list conditions,	b	(OR AS A C	ONSEQUENCE O	FI:	12/	5cm	- 0	L VIEL -	· on	0	K VOU	24	
A	if any, leading to immediate cause. Enter UNDERLYING													
H	CAUSE (Disease or Injury that Initiated events	DUE TO	(OR AS A C	ONSEDUENCE (	F):									
CERTIFICATION	resulting in deeth) LAST	20											ļ	
CE		u												
AL	PART ii. Other aignificant condition	na contributing to	1/	7/ /	in the u	inderlyin	g cause	given in	Part i. 24	PERFO	AUTOPSY	24	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
20	Sue	an 6	2KI G	bet	<u> </u>				1	YES :	No No		COMPLETION OF CAUSE OF DEATH?	
ME											•		1 YES 2 NO	
ż	i													
CA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			07115		LACE OF 1	DEATH (C	heck only one)					
Ž.	1 TYES 2 NO	1 Do Inpatient 2	☐ ER/Outpati	ent 3 🗆 DOA	4 D No		ne 5 🗆 R	asidenca	6 Other (S)	pec/fy)				
PHYSICIAN: MEDICAL	27. MANNER OF OEATH	28e. DATE Of (Month, i	F INJURY Day, Year)	28b. Til	AE OF JURY	26c. IN. W0	JURY AT		28d. DE\$CR	BE HOW	INJURY O	CCURED		
В	1 Natural 5 Pending 2 Accident Investigation				М		YES 2	_ NO						
	3 Suicide 8 Could not be		of INJURY — , etc. (Specify)	At home, ferm,	atreet, fe	ctory, offic	00			ON (Street own, State		er or Rura	l Route Number,	
ETE	4 Homicide determined													
PL	(Older only	SICIAN: To the best o	f my knowled	ige, death occur	red at the	time, dele	end place	e, end du	e to the cause(	e) end me	nner ee ste	eted.		
COMPLETED	one) 2 MEDICAL EXAMIN	ER: On the basie of	examination e	nd/or investigat	on, In my	opinion, o	death occu	red at the	e time, date and	d place, e	nd due to t	the cause	(e) end manner ee stated.	
ш	296. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year)													
0		11. 0.		0	1		13	17	17/		I N /	11-1	1 - 60	

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JOHN MEHANNA,

M.D. 909-B SETON DRIVE

CUMBERLAND, MD 21502



14/10/10/11

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detactive filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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E HO	E FUN	MATA
TH 01	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the it be filed within 72 hours after death with the State Dept, of Health and Memal Hygiene prior to burial, cremation, or removal.	IMPO

											20	110	20
	1 - FOR STATE REGISTRAR	STATE OF MA					EALTH DEAT		MENTAL HYGI REG.				
	1. DECEDENT'S NAME (First, Middle, Last)	Ta			~				2. DATE OF DEATH	DAY	YEAR	3. TIME OF DEATH	н
		James	Allen			urtn	-1	$\longrightarrow$	4-5-90			2:54AM	М
	4, SOCIAL SECURITY NUMBER		3. AGE (In yrs. las	YRS.	#F UNDE	DAYS	HOURS	MIN.	7. DATE OF BIRTH (Month, Day, Year		Coun	**	eign
	217-02-8491	1)∑XM 2 □ F	23	THO.					4-4-19		Mar	yland	
l œ	90. FACILITY NAME (If not institution, give so Willowbrook and		1				R LOCATIO		ATH				
ē	RESIDENCE OF DECEDENT	MILIONS K	oad	CUMBERLAND						y County			
DIRECTOR		10b, COUNTY			Y, TOWN	OR LOCAT	ION					10d. INSIDE CITY	
픕	Maryland Allec		Cur	mber	clan	d					1 X YES 2 -	МО	
AL AL	10a. STREET AND NUMBER	-					ZIP COOE			10g. C	ITIZEN OF	WHAT COUNTRY?	
FUNERAL	17 Mullen Stree	et.				2	1502	2			USA		
N	11. MARITAL STATUS	12. WAS DECEDENT							IC ORIGIN? (Specify		14. RAC	E — American Indies	n,
ВУ Б	1 Never Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAI		NO			2X NO				Spe	offy:	
									100000000000000000000000000000000000000			Black	
TED	15. DECEDENT'S EOU- (Specify only highest grade	completed)	(G	CEDENT'S live kind of Do NOT u	work done	during mos	N st of working	9	O'Sul			rn	
2	Elementary/Secondary (0-12)	College (1-4 or 5 +)										rginia	
COMPLET	1.2	1	Ma	chin	ISL		10 MOTH	ED'S NAI	ME (First, Middle, Ma			Igillia	
		rt Court	nou						Martin	uerr surrienne	,		
BE	James Albe	It Court		b. MAILING	ADDRES	S (Street e.			Plat CIII	Town State	Zin Code)		
일	James A. Courtn	017							berland		,,	02	
	20e. METHOD OF DISPOSITION		20b. PLACE							LOCATION			
	TV Buriel 2 Cremetion 3 Rem	oval from State	Hill	lace)								d, Maryl	land
	21. SIGNATURE OF FUNERAL SERVICE LIC		1	0100	22	NAME AN	D ADDRES	S OF FAC	CILITY				
	· Emet a.	R.C. 1	b.								Bal	timore	Av.
		1 /		-H D-		_			Md. 215			1.0	90
	23. PART i. Enter the diseases, or a shock, or heart feilure.				not ente	r the mo	de ot dyli	ng, eucr	n ee cerdiec or n	epiratory	erreat,	Approxima intervel Be	tween
	IMMEDIATE CAUSE (Final disease or condition	N 71 : 7										Onset and	Deeth
	reaulting in deeth)	Multiple	e injur or as a conse			-							
		DUE TO (C	JH AS A CONSE	OUENCE O	rej:								
CERTIFICATION	Sequentielly list conditione,	b DUE TO (C	OR AS A CONSE	OUENCE O	<u>គ</u> ៈ						_		
YAT	if any, tesding to immediate cause. Enter UNDERLYING											ļ	
	CAUSE (Diseese or injury that initiated events	DUE TO (C	OR AS A CONSE	OUENCE O	F):								
E	resulting in deeth) LAST	d.											
I I	PART il. Other significent condition	ne contributing to d	leath but not		In the s			de en la l	Book I Ass Was		v 1	b. WERE AUTOPSY FIR	UDINIOO.
PHYSICIAN: MEDICAL	PART II. Other significent condition	is contributing to d	eeth but not	resulting	in the u	nderlying	g csuse g	iven in		FORMED?	24	AVAILABLE PRIOR 1	10
ă									KXYE	S 2   NO		OF GEATH?	AUSE
M												XXYES 2   N	10
Z		T											
0	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		ACE OF DI	EATH (Che	eck only one)		_		
ΥS	VOXYES 2 □ NO	1 Inpatient 2	-			_		sidence 2	Other (Specify)	SCE			
표	27. MANNER OF DEATH  1 Natural 5 Pending	(Month, Day	(, Year)		JURY		RK?		28d. DESCRIBE H				
B	XXXX accident Investigation	4-5-90	INJURY — At h	AM		1	YES 2 5	OKo				ixed obj	
8	3 Suicide 6 Could not be 4 Homicide determined	building, e	tc. (Specify)	Ro		ctory, offic	•	l	City or Town, S	tate)			pact
Щ	29e. CERTIFIER											lows Rd.	·IVID
MP.	onel	ICIAN: To the best of n											
COMPLETED	XX MEDICAL EXAMINE	W	imination end/or	investigati	on, in my	opinion, d	eath occur	ed at the	time, date end plac	, end due to	the cause	(e) end menner as st	lated.
BE (	209, SHOMATURIS AND TITLE OF CERTIFIE	1						NSE NUN	ABER	29d. D	ATE SIGNE	D (Month, Day, Year)	
1 2	1						OCM	Ξ			4-6	90	

111 Penn Street, Baltimore, MD 21201

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

15

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FRANK

PERETTI, MD

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- 2

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to the funeral director, page 5 should be detached to the funeral director, page 5 should be detached to the funeral director.	De flied within 72 hours are treath with the base bebt, or regult and herital hypere prior to be medical examiner must be notified at once.  IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - STATE STATE OF MARY		MENT OF HEALTH AND I ATE OF DEATH	MENIAL HYGIENE REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Linst)	11		2. DATE OF DEATH MONTH DAY	GYEAR 3. TIME OF DEATH		
		ro// Jr.		3 30	/0 / 0 "		
	4, SOCIAL SECURITY NUMBER 5. SEX 8. AG 1 X M 2 G F		UNDER 1 YEAR IF UNDER 24 HRS. HTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Worth, Day, Year) 9/23/29	8. BIRTHPLACE (State or Foreign Country)		
	9e. FACILITY NAME (If not institution, give street and number)		D. CITY, TOWN OR LOCATION OF DE	11000	Washington D.C.		
E	ANNO ARUNDEL MADICAL CENTEY	/ 4	NNAnste	1	ANINO Apundel		
ECTOR	RESIDENCE OF DECEDENT  10e. STATE  10b. COUNTY	L top CITY T	OWN OR LOCATION				
- A	Maryland Anne Arundel		apolis		10d. INSIDE CITY LIMITS? 1  本 yes 2 □ NO		
	10e. STREET AND NUMBER		10f. ZIP CODE	10g.	. CITIZEN OF WHAT COUNTRY?		
FUNERAL	696 A Rosedale Street		20	401 Ur	nited States		
5	11. MARITAL STATUS  1 □ Never Merried 2 □ Merried 12. WAS DECEDENT EVER FORCES? 1 ☑ YE		13. WAS DECENDENT OF HISPAI If yes, specify Cuben, Mexica	in, Puerto Ricen, etc.)	14. RACE — American Indian, Black, White, etc.		
BY	3 ☐ Widowed 4 ◯ Chivorced IF YES, GIVE WAR OR	DATES	1 TES 2 NO Specif	y: No	Specify: White		
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S US	UAL OCCUPATION  If done during most of working	16b. KIND OF BUSINESS	S/INDUSTRY		
9	Elementary/Secondary (0-12) College (1-4 or 5+)		c done during most of working etired.)Construction	Commercia	al		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	Superinte		ME (First, Middle, Maiden Surna	mel		
	Charles H. Carroll Sr.			y B. Rider	rray		
) BE	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING AD	DDRESS (Street and Number or Rural		le, Zip Code)		
2	Lisa P. Carroll			old Maryland	21012		
	1 🖰 Burial 2 🗌 Cremailon 3 🗆 Ramoval from Stale	other place)	on (Name of cemetery, cremetory or femorial Garden		N — City or Town, State		
	4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENSEE	Dakemone 1	22. NAME AND ADDRESS OF FA	CILITY	sonville Md.		
	Robert E. Evans	L Prop		Funeral Home	, P.A. e Maryland 20715		
	23. PART I Enter the disesses, or complications that cause	the dasth. Do not			y srrest, Approximata		
	shock, or heart fallure. List only one cause on IMMEDIATE CAUSE (Final	4			Interval Between Onset and Death		
		cerebral	bleed		3 days		
	POSSIBLE TO GORA	S A CONSEQUENCE OF):	Air lune	CAVEINOMA	114		
CERTIFICATION	Sequentially list conditions	A CONSEQUENCE OF):	WITC TOTAL	CHIVETHOWA	// ·		
CAI	Cause, Entar UNDERLYING CAUSE (Disease or Injury						
E	that initiated avents resulting in dasth) LAST	S A CONSEQUENCE OF):					
빙	d						
ICAL	PART II. Other significant conditions contributing to death	-0		Part i. 24e. WAS AN AUTO PERFORMED?			
유	Diabetes melliTus	1 ( • ( ) )	711 - (15)	1 TYES 2 TN	OF DEATH?		
Σ	VIRBERS METHOS			_	1 TES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PLACE OF DEATH (C/	heck only one)			
YSIC	1 YES 2 NO 1 Mpetient 2 ER/O	utpatient 3 DOA 4	THER: Nursing Home 5 Residence				
	27. MANNEB OF DEATH  28e. DATE OF INJUR (Month, Day, Yea			28d. DEŞCRIBE HOW INJUR	Y OCCURED		
B	2 Accident Investigation 3 Suicide 6 Could not be 26e. PLACE OF INJU	PRY Al home, farm, stre			umber or Rural Route Number,		
	Sucree 6 Could not be building, etc. (S     Homicide determined	(pecify)		261. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
COMPLETED	29e. CERTIFIER (Check only Check only 1	owledge, death occurred	et the lime, date and place, and du	e to the cause(a) and manner a	a stated.		
OM	one) 2 MEDICAL EXAMINER: On the basis of examina	tion and/or investigation,	In my opinion, death occured at the	i lime, date and place, and due	i to the cause(a) and menner as stated.		
BE C	296. SIGNATURE AND TITLE OF CERTIFIER		29CALICENSE NU	MBER 29d	I. DATE SIGNED (Month, Day, Year)		
6	30. NAME AND ADJRESS OF PERSON WHO COMPLETED CAUSE OF	DEATH (ITEM 27) (Top 2	11/7	65			
-	Joseph N. Friend		Ridgely the	· Anna	00/13, My. 21401		
	31. DATE FILEO (Month Day, Your)  32. REGISTRAR'S SI  ADD 06 '90  Sulia Javidso		)				

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DHMH-16 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALLIMORE, MARYLAND 21203-3146
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Heatth and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE UF I	VIARYLAND / Ci		ICATE					GIEN G. NO.	E		
	1. DECEDENT'S NAME (First, Middle, L	ast)							2. DATE OF DE	ATH		MEAD	3. TIME OF DEATH
	Dan	ilo	F.		Casaj	e			4-3-9	0	IA.	YEAR	2:05AM M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. le	st birthday)	IF UNDER		IF UNDER		7. DATE OF BIF	TTH Year)			HPLACE (State or Foreign
	220-96-7521	1 X M 2 🗆 F	33	YRS.	MONTHS	DAYS	HOURS	MIN.	Sept.	22,	1956	Phi:	lippine Is.
	FACILITY NAME (If not institution, g	ive street and number)					R LOCATI		ATH		9c. COU	INTY OF C	DEATH
띪	900 Block Alle		d			amp	Spr.	ings			Pri	nce	Georges Co.
5	ILL SIDENCE OF DECEDENT			10c. CIT	Y, TOWN O	R LOCAT	ION						10d. INSIDE CITY
E .	M1 D1	C	1_	1									LIMITS?
1	Maryland Pri	nce George	e S	Fort Washington 101. ZIP CODE					10g. CITIZEN			IZEN OF	WHAT COUNTRY?
2	2007 Priorbil				20744		U.S.A						
FUNERAL DIRECTOR	2007 Brierhill Road  11. MARITAL STATUS  12. WAS DECEDENT EVER IN U			RMED		WAS DECI	ENDENT C	F HISPAN	IIC ORIGIN? (Spe			14. RAC	E - American Indian,
	1 KNever Married 2 Married	FORCES?	MAR OR DATES	NO			2 XNO		n, Puerto Rican,	atc.)		Spec	ek, White, etc.
BY	3 Widowed 4 Divorced												
COMPLETED	15. DECEDENT'S (Specify only highest of	EDUCATION grade completed)	1 (	ECEDENT'S Give kind of e. Do NOT u	USUAL OC	CUPATIO	N st of worldr	ng	16b. KIND	of aus	SINESS/IN	DUSTRY	
삗	Elementery/Secondary (0-12)	College (1-4 or 5	+)		loyed				N/	Λ			
M	1. Z 17. FATHER'S NAME (First, Middle, Last		0	пешр.	Loyeu		40 1407	UEDIO NA	ME (First, Middle,		Sumana)		
8	Rufino Casaje						Ros		Francis		Surramej		
BE	19a. INFORMANT'S NAME (Type/Print)		11	96. MAILIN	ADDRESS	(Street a			Poute Number, Cit	_	n. State. Zi	ip Code)	
욘	Fernando Casaje	2							t. Wash				20744
	20s. METHOD OF DISPOSITION		20b. PLACE	OF DISPO		-							own, State
	1 N Burlel 2 □ Cremetion 3 □ 4 □ Donation 5 □ Other (Specify)	Removal from State	_ Par	anaq:	ie Ce	mete	ery		И	ani.	la, :	Phil	ippine Is.
l	21. SIGNATURE OF FUNERAL SERVICE	P LICENSEE			22.	NAME AN	D ADDRE	SS OF FA	las Fun	020	1 Ho	m O	
	· Heavy	Y Wald	L.						las run 11 Rd.				Md.
	23. PART I. Enter the diseases,	or complications the			not enter	the mo	de of dy	ing, auc	h aa cerdiac c	r respi	iratory a	rrest,	Approximate interval Between
	IMMEDIATE CAUSE (Final												Onset and Death
	disease or condition reaulting in death)	Multipl	e injur	ies									
l		DUE TO	OR AS A CONSE	EQUENCE (	NF):								
8	Sequentially list conditions,  DUE TO (OR AS A CONSEQUENCE OF):												
¥	if any, leading to immediate cause. Enter UNDERLYING	DOE IN	(ON AS A CONSE	EGOENCE	· .								İ
윤	CAUSE (Disease or injury that initiated events	CDUE TO	OR AS A CONSE	EQUENCE (	NF):		-						
CERTIFICATION	resulting in deeth) LAST	d.											
5	PART II. Other significent cond	Itions contributing to	a death but not	neulting	in the un	derlying		aluan In	Part i 24a	MAC AN	AUTOPSY	. 24	b. WERE AUTOPSY FINDINGS
ICAL	PART II. Other arginitoric cond	tions contributing to	J destil but not	resulting	m die dii	Contynis	J Cause	given in		PERFOR	RMED?		AVAILABLE PRIDE TO COMPLETION OF CAUSE
EDI										KYES 2	□ NO		OF DEATH?
Σ									_				XIXXYES 2 □ NO
SICIAN:	25. WAS CASE REFERRED TO MEDIC	AL				26. Pl.	ACE OF D	DEATH /Ch	eck only one)				
泛	EXAMINER?	HOSPITAL:	☐ ER/Outpatient	1 □ DO4	OTHER	<b>?</b> :			K2CEther (Spe	olf d	SCE	ONE	
PHYS	27. MANNER OF DEATH	28a. DATE O		28b. TI	WE OF	28c, INJ		esidence:	28d. DESCRIB				
	1 Natural 5 Pending	1-2-0	Day, Year)		1AM		PK?	ZNO	Drive	c ir	aut	o/fi	ixed object
ВУ	XXXccident Investigat 3 Suicide 6 Could no	28e. PLACE	OF INJURY At h			ory, offic	•						Route Number 1 mpact
TED	4 Homicide determine		j, etc. (Specify)			Roa	ıd		5900	3100	k Al	llent	town Rd, Camp
COMPLET	29a. CERTIFIER (Check only 1 CERTIFYING	PHYSICIAN: To the best of	of my knowledge, o	death occur	red at the ti	ime, date	and place	, and due					eorges Co.MD
N N													(a) and menner se stated.
E CC	29b. SUPPLYURE AND TITLE OF CER	TIPIER 1					29c. LiC	ENSE NU	MBER		29d. DA	TE SIGNE	D (Month, Day, Year)
m	Mount	mella	W					OCM					90
욘	30. NAME AND ADDRESS OF PERSO		USE OF DEATH (IT	EM 27) (Typ	e, Print)	1 5-		14-x	+ Dal+	ima	CO N/IT	211	201 ***
	MARGARİTA A.				11.	T PE	anı 2	rree	et,Balt	THO	LE, MI	1 214	201 vc
	31. DATE FILED (Month, Day, Year)	32. REGISTE	lar's signature Devidson—R	1									

BALTIMORE, MARYLAND 20200 C	urs after death. Page 6 may be retained by the hospital and the state of the last	in by the homeral director, page 5 should be detached for use a short Northwest permit. Pages 1, 2, 3 should remove.	redioal examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital person of the control of the person of the perso	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: if Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR			CHIIL	ICATE	E OF	DEA	ГН		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last			190					MONT	E OF DEATH	у _	YEAR	3. TIME OF DEATH
	DALLAS RA		JLLUM						MAR	CH 30,	1990		3:40 a
3	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.	last birthday) YRS.	IF UNDER	DAYS	IF UNDER	24 HRS. MIN.	7. DATE	y 4, 19	333	6. BIRTH	PLACE (State or Foreign Yland
	215-28-6057  96. FACILITY NAME (If not institution, give		1 30	ins.	95 CITY	TOWN O	R I OCATI	ON OF DE		y 4, 13			
œ	THE JOHNS HOPKI		ΓΔΤ		96. CITY, TOWN OR LOCATION OF DEATH BALTIMORE						9c. COUNTY OF DEATH  BALTIMORE CITY		
읽	RESIDENCE OF DECEDENT	1100111	LAL								RE CITI		
DIRECTOR	10e. STATE 10b. COUN				10c. CITY, TOWN OR LOCATION Bel Air						10d. INSIDE CITY LIMITS?		
		rford								1 🗆 Y			1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 210 Meadow Road	<u> </u>				101.	2101	<b>[</b> 4				USA	WHAT COUNTRY?
B	11. MARITAL STATUS  1 Never Merried 2 Married 3 Wildowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. ARMIN FORCES? 1 Kes 2 No IF YES, GIVE WAR OR DATES.					If yes, spe	ENDENT ( ecify Cubi 2 XNO	n, Mexica	ın, Puerto	iN? (Specify Yes Rican, etc.)		14. RACE Black Spec Whit	E — American Indien, k, White, etc. Hy:
	15. DECEDENT'S ED (Specify only highest gra-		16a.	DECEDENT'S (Give kind of	Work done	CCUPATIO	ON at of world	na	16	b. KIND OF BUS	INESS/IND	USTRY	
PLET	Elementery/Secondery (0-12)	College (1-4 or 5	+)	Paint	ise retired.)					Consti	ructi	.on	
COMPLETED	17. FATHER'S NAME (First, Middle, Last) FRank Ellwood	Cullum			· · · · · · · · · · · · · · · · · · ·		18. MOT Kat	HER'S NA	ME (First,	Middle, Maiden :	Sumame) SE	Mori	cis
TO BE	190. INFORMANT'S NAME (Type/Print) Lenora T. Cullum			19b. MAILING	G ADDRESS	s (Street a	nd Numbe	or Rural	Aoute Nui	mber, City or Town	n, State, Zip 21014	Code)	
	20e. METHOD OF DISPOSITION		20b. PLA	CE OF DISPO						-	CATION —		own, Stete
	1 Donetion 5 Other (Specify)	moval trom State	_ Bel	Air l	Memor	cial	Gard	dens		Be]	l Air	, M	i.
	21. SIGNATURE OF FUNERAL SERVICE	21. SIGNATURE OF FUNERAL SERVICE LICENSEE, 22. NAME AND ADDRESS OF FACILITY											
	V A /		-0	1	1/		7	11 0		TTT T		7 TT.	T) T
_	23. PART I. Enter the diseases, D			daath. Do	13	317	Coke	sbur	y Ro	ad. Ab	inado	n.M	Approximate
ERTIFICATION	23. PART I. Enter the diseases, pahock, prheart failure immediate cause or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	a. DUE TO		dasth. Do	not anter	317 ( r tha mo	Coke:	Sbur ring, suc	y Ro	ad. Ab	inado	n.M	d. 21009
IL CERTIFICATION	shock, pr heart fellure iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa	b. DUE TO  C. DUE TO  DUE TO  DUE TO	OLUY DIO ORAS A CON	daath. Do	not anter  VT(47)  OF):	317 (r tha mo	Coke: de of dy	sburring, suc	y Ro	ad Ab	inador retory err	on Me	Approximate interval Batwe Onset and Det
MEDICAL	shock, or heart fellum immediate cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	b. DUE TO  C. DUE TO  C. DUE TO  C. DUE TO  DOE TO  DOE TO  C. DUE TO  DOE TO	OLUY DO OR AS A COND O OR O OR AS A COND O OR AS A COND O OR AS A COND O OR AS A COND O OR O OR AS A COND O OR O OR AS A COND O OR O OR O OR O OR O OR O OR O OR O	daeth. Do line.  FILE SEQUENCE (	not anter  VT(4)  OF):  OF):	317 (r tha mo	Coke: de of dy	sburring, suc	y Ro	ad, Ab	AUTOPSY MMED?	on Me	Approximate interval Batwe-onset and Dec
MEDICAL	shock, or heart fellum IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST  PART II. Other significant condition  CHEUNIC OBSTAC  PROMONIA.	b. DUE TO c. DUE TO d	OLUY DO OR AS A COND O OR O OR AS A COND O OR AS A COND O OR AS A COND O OR AS A COND O OR O OR AS A COND O OR O OR AS A COND O OR O OR O OR O OR O OR O OR O OR O	daeth. Do line.  FILE SEQUENCE (	not anter  NTATOPE:  OFF:  OFF:  In the ut  EAST	317 (r tha mo	Coke: de of dy	Sburring, suc	Part i.	24a. WAS AN PERFOR	AUTOPSY MMED?	on Me	Approximate interval Batwe-Onset and Declarate Onset Ons
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PHYSICIAN: MEDICAL	shock, or heart fellum IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST  PART II. Other significant conditi  CHEVIC (IS TAU  EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  Natural 5 Pending	b. DUE TO c. DUE TO d. HOSPITAL: The Impartment 2 28a. DATE O (Month,	OLUY DO OR AS A CONDO OR AS A	death. Do	not anter  NTATOP:  OF):  OF):  OTHE 4   Nu	17 (r tha mo	Coke: de of dy  LVNG	given in	Part i.	24a. WAS AN PERFOR	AUTOPSY IMED?	on Meat,	Approximate interval Batwe- Onset and Declarate interval Batwe- On
BY PHYSICIAN: MEDICAL	shock, or heart fellure  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST  PART II. Other significant conditi  CHEVING OB TAU  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 YNO  27. MANNER OF DEATH	b. DUE TO  DUE	O O O O O O O O O O O O O O O O O O O	death. Do line.  FELLE ISEQUENCE C ISEQUEN	OTHE 4 NUMBER OF SUURY M	nderlying  26. Pt  Fileraling Horr	g cause	given in	Part i.	24a. WAS AN PERFOR	AUTOPSY MED?	244	Approximate interval Batwe Onset and Dea IVIL 3 APPROXIMATE AND APPROXIMATE AP
BY PHYSICIAN: MEDICAL	shock, or heart fellum IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST  PART II. Other eignificant conditi  CHEVING OF STAU  PART II. Other eignificant conditi  CHEVING OF STAU  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH Netural 5 Pending Investigation 3 Suicide 6 Could not be determined  298. CERTIFIER (Check only)  CERTIFYING PM	b. DUE TO  b. DUE TO  c. DUE TO  d. DUE TO  d. DUE TO  28a. DATE O (Month, 18)	D (OR AS A COND	death. Do line.  FELLE ISEQUENCE C ISEQUEN	OTHE 4 OF NUMBER of Street, fac	nderlying  28. PI  FI: raing Hom  28. WV  1   ttory, office	g cause	given in	Part I.	24a. WAS AN PERFOR 1 YES 2 CATION (Street a ty or Town, State)	AUTOPSY INED?  NJURY OC.	24th	Approximate interval Batwe Onset and Dea IVIL 3 APPROXIMATE AND APPROXIMATE AP
BE COMPLETED BY PHYSICIAN: MEDICAL	shock, or heart fellum IMMEDIATE CAUSE (Final disease or condition reaulting in death)  Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa reaulting in death) LAST  PART II. Other eignificant conditi  CHEVEL CIBSTAN  25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO  27. MANNER OF DEATH  Netural 5 Pending investigation 3 Suicide 6 Could not be determined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMI  29b. SIGNATURE AND TITLE OF CERTIF	b. DUE TO c. DUE TO d. DUE TO d. DUE TO C. DUE TO DOING CONTRIBUTION TO THE PROPERTY OF THE PR	O (OR AS A COND O (OR AS A CON	death. Do line.  FFECE ISEQUENCE ( ISEQUEN	OFF:  OFF:	nderlying  28. PI  FI: raing Hom  28. WV  1   ttory, office	g cause  LACE OF I  Bully AT  PHK?  YES 2    Bully AT  Bully AT  PHK?  29c. LIC	given in	Part i.  Part i.  28f. LC Ch	24a. WAS AN PERFOR 1 YES 2 CATION (Street a ty or Town, State)	AUTOPSY MED?  NO  NJURY OCCURANT NUMBER  AND NUMBER  A	24t  CURED  or Rural  led.  he cause(	Approximate interval Batwe Onset and Dea IVIL 3 APPROXIMATE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
COMPLETED BY PHYSICIAN: MEDICAL	shock, or heart fellum IMMEDIATE CAUSE (Final disease or condition reaulting in death)  Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa reaulting in death) LAST  PART II. Other eignificant conditi  CHEVEL CIBSTAN  25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO  27. MANNER OF DEATH  Netural 5 Pending investigation 3 Suicide 6 Could not be determined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMI  29b. SIGNATURE AND TITLE OF CERTIF	DUE TO  DUE TO	ORAS A CONDO (OR AS CONDO (OR AS A CONDO (OR AS A CONDO (OR AS A CONDO (OR AS A C	death. Do line.  FFECE ISEQUENCE ( ISEQUEN	OFF:  OFF:	1 1 28c. INJ wc 1 1 1 tarry, office time, date opinion, o	g cause  LACE OF E  BURY AT  BURY AT  BURY AT  BURY AT  Control of the control of	given in  DEATH (C)  e, and due  ared at the  CENSE NU	Part I.  Part I.  26f. LC  wheek only  s = Onl  26f. LC  MBER  \$5.7	24a. WAS AN PERFOR 1 VES 2	AUTOPSY MED?  NO  NJURY OCCURANT AUTOPSY NO  NJURY OCCURANT AUTOPSY NO  NO  NO  NO  NO  NO  NO  NO  NO  NO	cured  cured  r or Rural  ted.  ne cause( E signe	Approximate interval Batwe-Onset and Ded Dyk. 3 A. J.

	1 - STATE REGISTRAR	STATE OF MARY			OF DEAT		IENTAL HYGIENI REG. NO.	Ē			
		Regina herty Coo.	Dough er		Cook		2. DATE OF DEATH 4	1/90	YEAR	TIME OF DEATH 9 58 M	
	4. SOCIAL SECURITY NUMBER () 213-42-3703	1 🗆 M 2 💢 F	E (In yrs. last birthday)		DAYS HOURS	MIN.	7. DATE OF BIRTH (Month, Day, Year)		ennsy	Selita foreign rlvania	
OR	90. FACILITY NAME (If not institution, give FALLSTON GENE		AL		CSTON	ON OF DEA	ATH	9c. COUNTY OF DEATH HARFORD			
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUN	TY	10c. CF1	Y, TOWN OR	LOCATION			100			
DIF	Maryland Ha	ryland Harford County			ir			120			
FUNERAL	100. STREET AND NUMBER 517 Courtland	T AND NUMBER 17 Courtland Place			10f. ZIP COD 21(	)14		-	J.S.A.		
BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 YI IF YES, GIVE WAR OF	S 2 NO	H		n, Maxican	C ORIGIN? (Specify Yea , Puerto Rican, etc.)	or No—	14. RACE — Black, Wi Specify: White		
LETED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5+)	Ille. Do NOT u	work done du se retired.)	ring most of worki	ng	16b. KIND OF BUS		ISTRY		
澤	11 17. FATHER'S NAME (First, Middle, Last)	2	English	1 Teac	-	MED'S NAM	Educat				
BE-confib	Francis		ughtery		N	larga	ret		McPha	Elin	
0	19a INFORMANT'S NAME (Type/Print) Da Mrs. Joan M. Smi						oute Number, City or Town Bel Air, N			014	
	20a, METHOD OF DISPOSITION 1	moval from Stata	other place of Dispo	SITION (Nam	e of cemetery, cre-	natory or	20c. LO	CATION — C	ity or Town,		
	21. SIGNATURE OF FUNERAL SERVICE L			22. N	AME AND ADDRE	SS OF FAC	way & Will land 21014	unera	1 Hon	10	
	3		sed the daath. Do								
	23. PART I. Enter the disasses, or complications that caused the dasth. Do not anter the mode of dying, such as cardiec or respiratory street, shock, or heart feilure. List only one cause on sech line.  IMMEDIATE CAUSE (Final disease or condition resulting in desth)  a										
z	DUE TO (OR AS A CONSEQUENCE OF):  PUEL NETHRITIS										
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury C Due TO (OR AS A CONSEQUENCE OF):  CHIRCNIC ETVD STACE RETWAL FAILURE  C										
ERTIF	that initiated events resulting in death) LAST	d.	S A CONSEQUENCE O	F):							
	PART II. Other significant condition			In the und	erlying cause	given in F	Part I. 24s. WAS AN PERFOR			RE AUTOPSY FINDINGS	
MEDICA	- He	no theyou	llem				1 TES 2	_	CO OF	MPLETION OF CAUSE DEATH?  YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL				26. PLACE OF 0	FATH (Cha	ck only one)				
Sic	EXAMINER?	HOSPITAL:	Outpatient 3 DOA	OTHER:			B Other (Specify)				
ву РНУ	27. MANNER OF DEATH  1	28a. DATE OF INJUR (Month, Day, Yea	ay 28b. Till		RSc. INJURY AT WORK?		28d. OEŞCRIBE HOW II	NJURY OCC	URED		
ED	3 Suicide a Could not be 4 Homicide determined	28e. PLACE OF INJU building, etc. (S	JRY — At home, farm, Specify)	street, factor	ry, offica		28f. LOCATION (Street a City or Town, State)	and Number (	or Rural Route	Number,	
COMPLET		SICIAN: To the best of my kr								d manner as stated.	
TO BE	10 0	chonses				ENSE NUM		14	11/90	rith, Day, Year)	
	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF NEW HOLD OF STREET	SKI MA	o, Print)	35 /	V. M	ATN ST	13EZ	MI	2,1110	
	31. DATE FILED (Month, Day, Year)	90 SZ. NEGISTRAR'S S	cha Vavidson-	Pandel	2					J10/4.	

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haden ander extent. . . . . . . . .

DHMH-16 Ray 1/89

- 3	1 - FOR STATE REGISTRAR	STATE OF I	MARYLAI	ND / DEPAR CERTIF					MENTA	REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Lat			1					2. OATE	of DEATH DA		YEAR	3. TIME OF DEATH 4:45 A M
	MAXIMINA C  4. SOCIAL SECURITY NUMBER	ANLAS 5. SEX	6. AGE (In	yrs. lest birthday)	IF UNDER	R 1 YEAR	IF UNDER	24 HRS.		OF BIRTH	9	8. BIRTH	PLACE (State or Foreign
	_091-56-9845	1   M 2   F	. 8	3 YRS.	MONTHS	DAYS	HOURS	MIN.		2106		Ph	ilippines
m	Se. FACILITY NAME (If not institution, give						R LOCATI						
Į.	CHURCH HOSP	ITAL COR	RPORA	TION	BA	LTI	MORE	CI	TY				
DIRECTOR	10a. STATE 10b. COU	NTY		10c. CIT				10d. INSIDE CITY LIMITS?					
	MD 10e. STREET AND NUMBER				ВА	-	MORE ZIP COD				1 ∑ YES 2 ☐ NO 10g. CITIZEN OF WHAT COUNTRY?		
FUNERAL	523 N LUZER	ΙE	21205							U.S.A.			
5	11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDED FORCES?	YES	2 XNO		If yes, spe	ecify Cuba	n, Mexica	n, Puerto	N? (Specify Yea Rican, atc.)	or No-	17,5-1	E — American Indian, k, White, etc.
B	3 📉 Widowed 4 🗌 Divorced	IF YES, GIVE	MAR OR DAT	ES		1 TYES	2∑NO	Specify	<b>/</b> :			Fil	ipino
ED	15. DECEDENT'S E (Specify only highest gr	ade completed)		16a. DECEDENT'S (Give kind of life. Do NOT u	work done	during mo-	ON st of workli	ng	16	b. KIND OF BUS	INESS/IN	DUSTRY	
13	Elementary/Secondary (0-12)	College (1-4 or 5		Teacher,	,		al			Elemen	tarv	Scho	ools
T g	17. FATHER'S NAME (First, Middle, Last)								ME (First,	Middle, Malden	Sumame)		
88	Petro Pangan  19a. INFORMANT'S NAME (Typo/Print)			10b MAII IN	ADODES	C /Street o	and Number			ta Tig.		n Codel	
2	Amelito P.	Canlas											and 21001
100	Ste. METHOD OF DISPOSITION 12 Burlet 2 Cremation 3 R	20b. PLACE OF DISPOSITION (Name of commeter), crematory or Harrford Memorial Gardens							20c. LOCATION — City or Town, State Aberdeen, Maryland				
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FORESAL/SERVICE	A.ICENSES 7	1 110	arrord i	22,	NAME A	NO ADDRE	SS OF FA	CILITY	neral l			
axe	· Mohera	1. Mars				larr. Aber	ıng-ı deen	Jargo Mai	o ru ryla	neral i	nome 301-1	3399	.A.
	23. PART I. Enter the diseases, shock, or heert fellu				not enter					diec or respi		rest,	Approximate Interval Between
	IMMEDIATE CAUSE (Final disease or condition	m	e +	565	LAS	lar		ca					Onset and Death
SAGIL,	DUE TO (OR AS A CONSEQUENCE OF):												
NO	Sequentially list conditions,  If any leading to immediate  Due TO (OR AS A CONSEQUENCE OF):												
S S	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury												
CERTIFICATION	that initiated events resulting in death) LAST	DUE TO	OR AS A	CONSEQUENCE C	F):								
	DATE II. Only a size III.	d	4 -4- 1-							T			
SAL	PART II. Other significant condit	tions contributing to	o death bu	t not resulting	In the u	nderlyin	g ceuse	given in	Part I.	24s. WAS AN PERFOR	MED?	244	AWAILABLE PRIOR TO COMPLETION DF CAUSE
MEDIC										1 L YES 2	□ NO		DF DEATH? 1 YES 2 NO
N.													
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1   YES 2   NO	HOSPITAL:	□ FR/Outnu	tlent 3 🗆 DOA	OTHE	R:	LACE OF E			ner (Specify)			
H X	27. MANNER OF DEATH	28a. DATE O		28b. TR		28c. INJ	JURY AT	SHOPING		EŞCRIBE HOW I	NJURY OC	CURED	
<u>a</u>	1 Destural 5 Pending 2 Accident Investigation	on			M	1 🗆	YES 2 [	_ NO	004.10	0.471011 (0.1111		2 - 1	
	3 Suicide 8 Could not 4 Homicide determine	De building	28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify)							CATION (Street i y or Town, State)	and Numbe	or Hural	Houte Number,
COMPLETED	Crowners must	IYSICIAN: To the best of	of my knowle	edge, death occur	red at the	time, data	and place	e, and due	to the c	suse(s) and mar	nner za ste	nted.	
SON			examination	and/or investigati	on, In my	opinion, o	,	-		te and place, an	d due to t	the cause(	a) and manner as stated.
TO BE COMP	296. SIGNATURE AND TITLE OF CENT	CHO	Z.MD	•			29c. LIC	ENSE NUI	MBEH		2945. DAT	3 /	2 \$ / 9 0
-	30. NAME AND ADDRESS OF PERSON	AUGUSTT	no no	HOT 27 C	HURG	CH	P	ITAI	Z	11031	i Je	A	/
	APR 02 90	gulia g	Davidso	n-Aandall	2					0			

- 30 AV

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1	-	STATE REGISTR	ΑΙ
	1. D	ECEDENT'S	N
ı		Corder	

TO BE COMPLETED BY FUNERAL DIRECTOR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFIC	ALE OF	DEATH	REG.	VO.	
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
Gordy	Charle	es			3		90 9:40 AM
4. SOCIAL SECURITY NUMBER			F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8	. BIRTHPLACE (State or Foreign
215-16-3265	1 FM 2 F 7		ONTHS DAYS	HOURS MIN.	(Month, Day, Year	) -	Country)
	10		1		3-20-		seeman, ma,
9a. FACILITY NAME (If not institution, give atre	et and number)	9	b. CITY, TOWN O	R LOCATION OF D	EATH	9c. COUNT	Y OF DEATH
Salisbury Nursing	Home		Salisbu	ry, Md.		Wico	mico
RESIDENCE OF DECEDENT						111200	
10a. STATE 10b. COUNTY		10c. CITY, 1	TOWN OR LOCAT	ION			10d. INSIDE CITY
md. 11/1	10001111	P	and	Dance			1 YES 2 NO
10e. STREET AND NUMBER	2011			ZIP GODE		10a CITIZE	N OF WHAT COUNTRY?
Posizi	0 1	222		2.011	a	11	c 1
1. U. 130X 311	ASONS bus	a ma	. 0	2184	7	U.	D. H.
11. MARITAL STATUS	12. WAS DECEDENT EVER OF FORCES? 1 YES				NIC ORIGIN? (Specify in, Puerto Ricen, etc.)		I. RACE — American Indian, Black, White, etc.
1 Never Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA			2 ANO Specif			Specify:
3 Wildowed 4 Divorced			1				BIK
15. DECEDENT'S EDUC		16a, DECEDENT'S US	UAL OCCUPATION	IN .	16b. KIND OF	BUSINESS/INDU	STRY
(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use r	k done during mo etired.)	st of working			
3 2	00.0000 (1.4 01.0 1)	House	- Keepin	1. +	101	11	10 -0.1
17. FATHER'S NAME (First, Middle, Last)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	reegin		· F. G.	MOSPIT	ax, Jelishun
A A A A A	1		-	18. MOTHER'S NA	AME (First, Middle, Mai	den Sumame)	1
Loub Gor	dy			Golde	e E. J	Gare	ly
19e. INFORMANT'S NAME (Type/Print)	0	19b. MAILING AI	ODRESS (Street a	nd Number or Rural	Route Number, City or	Town, State, Zip C	000
matta, m. T	- (10: 1)	384	7 R-		Ave.	R.H.	ml 7/2/18
20a. MEHIOD OF DISPOSITION	206	PLACE OF DISPOSIT		man		LOCATION - CI	ty or Town, State
1 Burial 2 Cremation 3 Remo	val from State	other place)			/ 200	- A . I	ly or lown, state
4 Donation 5 Other (Specify)		reen An			KID	alisbu	my Md. 21801
21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE		22. NAME AN	ID AODRESS OF FA	CILITY	n'	1.
· -/ . *	$\prec$				VATSON A		
- 2			_	+ Rda			1.21801
23. PART I. Enter the diseases, or co shock, or heart failure. L	implications that caused	tha death. Do not	antar the mo	de of dying, aud	ch se cardiac or re	spiratory srret	
IMMEDIATE CAUSE (Final	let brily ona cause on as	ich fina,					Interval Between Onset and Death
disease or condition	Mola	80.11				. 0	
resulting in death)	OUE TO OR AR A	CONSEQUENCE OFI:	Trees	pero	ecces 1	anti-	eno
	OUE IGION AS A	CONSEGUENCE OF):					1
Sequentially list conditions,	- lot	eler,					
If sny, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF):					
CAUSE (Disease or injury							
that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):					
resulting in death) LAST							
PART II. Other significant conditions	contributing to death b	ut not reaulting in	the undarlying	cause given in		AN AUTOPSY	24b. WERE AUTOPSY FINDINGS
						FORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
					1 TYE	8 2 P NO	OF DEATH?
					1		1 TES 2 NO
					I		
25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (C/	heck only one)		
EXAMINER?	HOSPITAL:	-W 0	THER:				
	1 Inpatient 2 ER/Outp				6 Other (Specify)		
27. MANNER OF DEATH	(Month, Day, Year)	28b. TIME (	Y WO	URY AT	28d. DESCRIBE HO	W INJURY OCCU	REO
1 Natural 5 Pending 2 Accident Investigation				ES 2 NO			
3 Suicide 8 Could not be	26a. PLACE OF INJURY	- At home, farm, stre	et, factory, offic	1	281. LOCATION (Str	eet and Number o	Rural Route Number,
4 Homicide determined	building, atc. (Spec	my)			City or Town, S	tate)	
An CERTIFIE							
	IAN: To the best of my knowl	edge, death occurred	at the time, data	and place, and dur	e to the cause(s) and	manner as stated	I.
anni .	On the basis of examination	and/or investigation,	in my opinion, d	eath occured at the	time, data and place	, and due to the	cause(s) and manner as stated.
29b, SIGNATURE AND AFLE OF CERTIFIER							
	1110			29c. LICENSE NU	MBER 9	29d. DATE	SIGNED (Month, Day, Year)
250. SIGNAL ONE AND TITLE OF CERTIFIER	11//						
Me Cozy &	166-			029	341		3/27/AD
30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	ATH (ITEM 27) (Type, P	rint)	029	34/	7	3/27/90
30. NAME AND ADDRESS OF PERSON WHO				D29	M2 23	7	3/27/gD
30. NAME AND ADDRESS OF PERSON WHO	D., 1104 Hea	lthway Dr		D29	, Md. 21	801	327ks

TO BE COMPLE	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
ai.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.
he funeral director, page 5 should be detached for	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for
ir death. Page 6 may be retained by the hospital	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital is

APR

10 90

	FOR STATE REGISTRAR		STATE OF I		CERTIF	ICATE	OF			MENTAL	. HYGIEN		90		102	27
	1. DECEDENT'S NAME (First	, Middle, Lyst)	i beals	AMUEL	L HOMER CONRAD						OF DEATH	*	YEAR	3. TIME 0	F DEATH	М
	4. SOCIAL SECURITY NUMBER 214-09-3714		1 ⊠ M 2 □ F 84		vrs. last birthday) F UNDER t WONTHS WONTHS		DAYS			(Month, Day, Year) April 5,		Count		HPLACE (State) nnsyl		
OR	9a. FACILITY NAME (# not be Washington	Count	•	al_		9ы спту, Наg		r locati town	ON OF DE	EATN		ton				
DIRECTOR	RESIDENCE OF DEC	10b. COUNT			10c. Cl	ry, town o	R LOCATI	ION				10d. INSIDE CITY LIMITS?				
	Maryland		ington		H	agers	_							1 X YES		F
FUNERAL	10e. STREET AND NUMBER 119 Ray Street							21740					JSA	WHAT COUN	TRY?	
BY	11. MARITAL STATUS  1 Never Married 2 Married  3 Wildowed 4 Divorced  12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DATE			YES	2 X NO	H	yes, spe		n, Mexica	n, Puerto F	? (Specify Ye	s or No—	Spec	CE — American Indian, ack, White, etc. ecity:		
윤	15. DECEDENT'S EDUCATION (Specify only highest grade completed)				Sa. DECEDENT'S	work done d	CUPATIO	N st of worlds	ng	16b.	KIND OF BU	SINESS/IN	DUSTRY			
1	Elementary/Secondary (	0-12)	College (1-4 or 5	+)	labo						resta	urant	t			
E COMPLETED	17. FATHER'S NAME (First, A. Samuel H.	,	16. МОТН								Aiddle, Maider	Surname)				
TO BE	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Bural Brute Number City or Town State 7in Code)													_		
	Emma E. Conrad  119 Ray St., Hagerstown, Md. 21/40  20a. METHOD OF DISPOSITION (C) Burlel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)  20b. PLACE OF DISPOSITION (Name of cemetary, crematory or other place) Cedar Lawn Memorial Park  120c. Location - City or Town, Security December 12 Control of the place)															
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY MINNICH FUNERAL HOME  415 E. Wilson Blvd., Hagerstown, Md. 21740											740				
	23. PART I. Enter the dishock, or himmediate CAUSE (Fi disease or condition resulting in death)	neart fallure	a. 1994/	MA (		树	the mo	de otjoy	ing, suc	ch se card	flec or reep	olratory a	rrest,	inte	roximate rval Betw let and D	reen
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):															
MEDICAL	PERFORMED?  1 YES 2 NO										OF DEATH	PRIOR TO	SE			
PHYSICIAN:	25. WAS CASE REFERRED EXAMINER?	TO MEDICAL	HOSPITAL:	☐ ER/Outpat	lent 3 🗆 DOA	OTHER	₹:			heck only or						
ву РНУ	27. MANNER OF DEATH  1 Natural 5  2 Accident	Pending Investigation		F INJURY Day, Year)	26b. Ti	ME OF JURY M		URY AT ORK? YES 2 (	] NO	28d. DE:	SCRIBE HOW	INJURY O	CCURED			
<u>n</u>	a C a 1-14-	Could not be determined	28e. PLACE building	OF INJURY — I, etc. (Specify	- At home, farm	, street, fact	ory, offic	•			ATION (Street or Town, State		er or Rural	Route Numb	er,	
OMPLET	one)		SICIAN: To the best of											(a) and man	ner aa stat	ed.
BE C(	29b. SIGNAY PRE AND TITL	E OF CERTIFI	ngen /					265 LIC	ENSE NU	MBER /	1	29d, DA	TE SIGNE	D (Month, Se	ny, Year)	

Julia Davidson-Randall

M	s 1, 2, 3 should
DIVISION OF VITAL RECORDS, P.O. BOX 13146, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 27 mours after death. Page if may be required by the boundary physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burist-transit permit. Pages 1, 2, be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be neithfied at once.

OR TATE EGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	<b>HYGIENE</b>
EGISTRAR	CERTIFICATE OF DEATH	REG. NO.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAN	ID / DEPARTM			IENTAL HYGIEN	E					
	1. DECEDENT'S NAME (First, Middle, Last)  JESSE HERE	PEDE	CHANE	Y		2. DATE OF DEATH MONTH 6, DA	1990 <sup>YE</sup>	3. TIME OF DEATH 2:30 A M				
	4. SOCIAL SECURITY NUMBER 705-12-4761	5. SEX 8. AGE (In y	75 YRS. MO	UNDER 1 YEAR IF	UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year) 07-23-	1914	BIRTHPLACE (State or Foreign country)  WV				
TOR	9a. FACILITY NAME (If not institution, give s  Memorial Hospit RESIDENCE OF DECEDENT			Cumberla		TH .	9c. COUNTY OF DEATH Allegany					
FUNERAL DIRECTOR	10e, STATE 10b, COUNT		10c. CITY, T	10c. CITY, TOWN OR LOCATION Fort Ashby				10d. INSIDE CITY LIMITS? 1  YES 2 NO				
ERAL	10e. STREET AND NUMBER P.O. Box 121				5719			OF WHAT COUNTRY? USA				
B⊀	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U. FORCES? 1 YES	2 NO	If yes, specif		C ORIGIN? (Specify Yee , Puerto Rican, atc.)		RACE — American Indian, Black, White, atc. Specify: White				
COMPLETED	15. OECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	Iffe. Do NOT use re	done during most o etired.)		16b. KIND OF BUS		RY				
NO	17. FATHER'S NAME (First, Middle, Last)		ret. b	lacksm:		Bolt NE (First, Middle, Maiden		rge				
TO BE	William J.  19e. INFORMANT'S NAME (Type/Print)	Chaney	19b. MAILING AD	DRESS (Street and		a Willis oute Number, City or Tow		(e)				
	Richard J. Chaney Fort Ashby, WV 26719  20a, METHOD OF DISPOSITION (Name of completely, cremetory or 20c, LOCATION — City or Town, State											
	1 Burtel 2 Cremetion 3 Rem 4 Oonetion 5 Other (Specify)	Eo	rt Asl	nby, WV								
	21. SIGNATURE OF FUNERAL SERVICE LI	Z X Carp	elli	22. NAME AND	APPRESS OF FAC	Funeral, MD 215	Home					
	23. PART I. Enter the diseases, or shock, or heart fellure.	complications that caused to List only one cause on each	ha daath. Do not h lina.	antar tha moda	of dying, auch	aa cardiac or resp	ratory arreat,	intarvai Batween				
	IMMEDIATE CAUSE (Final disease or condition											
	resulting in death)	DUE TO (OR AS A CONSEQUENCE OF):										
TION	Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):											
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  d.											
MEDICAL CE	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  PERFORMED?  1 YES 2 NO											
N.		1										
SICI/	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 ☐ YES 2 ☑ NO	HOSPITAL:		THER:	E OF DEATH (Che	ck only one)  6  Other (Specify)						
PHYSICIAN:	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	26b. TIME C	F 28c. INJUR	Y AT	28d. DESCRIBE HOW	NJURY OCCUR	ED				
BY	1 Natural 6 Pending 2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY — building, etc. (Specify	- At home, farm, stre		2 NO	281. LOCATION (Street City or Town, State,	I. LOCATION (Street and Number or Rural Route Number, City or Town State)					
ETE.	4 Homicide determined											
COMPLETED	(Check only	SICIAN: To the best of my knowled IER: On the beele of examination e						puse(e) end manner ee stated.				
BE	29b. SIGNATURE AND TITLE OF CERTIFIE	ER San		29c. LICENSE NUMBE			BER 29d. DATE SIGNED (Mon					
5	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF DEAT	H (ITEM 27) (Type, Pr	rint)	(		1	(   ( )				
	Dr. Sagin Memori	ial Hospital C	umberland	d, MD.	21502							
	APR 1 0 1990	Sa Studen Bonda	02.									

TO BE COMPLETED BY CHIMEDAL PIDE	INCIDENTIAL PROPERTY OF THE CONTRACT OF THE CO
al examiner must be notified at once.	IMPORTANT: It Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
oval.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
the funeral director, page 5 should be detached for use as the bunial-transmit permit. Pages	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transmit permit. Pages
fter death. Page 6 may be retained by the hospital or attending physician.	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 -rouns after death. Page 6 may be retained by the hospital or attending physician.
BALIIMURE, MARTLAND 21203-3140	DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	FOR	STATE OF MARYLAND	/ NEPAR	TMENT OF	HEALTH AND I	MENTAL HYGIEN	F					
	1 - STATE REGISTRAR				FDEATH	REG. NO	_					
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF GEATH				
	FRANCES M.	CHALFANT				0 00	90	10:20a M				
. 1	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. Is	ast birthday)	IF UNDER 1 YEAR		7. DATE OF BIRTH		8. BIRTHPLACE (State or Foreign				
	175-01-0727	1 D M 2 T F 78	YRS.	MONTHS DAYS				Pennsylvania				
or					OR LOCATION OF DE	EATH						
DIRECTOR	Anne Arundel Me	<u>edical Center</u>	`	Annapo	lis		Anne	e Arundel				
E	10s. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOC	ATION		10d. INSIDE CITY					
8	Maryland Anne	Arundel	Arn	old				LIMITS?				
	10e. STREET AND NUMBER		10000		101. ZIP CODE	-	EN OF WHAT COUNTRY?					
FUNERAL	789 MacSherry	Drive			21012		USA					
뿔	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S.	RMED	13. WAS D		NIC ORIGIN? (Specify Yes	or No	14. RACE — American Indian.				
	1 Never Married 2 Married	FORCES? 1 YES 2 THE SERVICE OF THE SERVICE OF THE SERVICE WAR OR DATES	NO	If yes,	specify Cuben, Mexica ES 2X NO Specify	in, Puerto Rican, etc.)		Black, Whits, atc. Specify:				
ВУ	3 Wildowed 4 Divorced						White					
Ē	15. DECEOENT'S EDUC (Specify only highest grade	ATION 16a. D	Give kind of	WOUND OCCUPA work done during se retired.)	TION most of working	18b. KIND OF BU	SINESS/INDU	JSTRY				
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5+)				- 1 -						
MP		Re	gist	ered N		Life		cance				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTNER'S NA	AME (First, Middle, Malden	Surname)					
BE	William Murray				Anne C							
2	19a. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)											
-	Mrs. Kay Polva					e, Arnol						
	20a. METHOD OF DISPOSITION 1/5 Burial 2 Cremetion 3 Rem	20b. PLACI	niece)		cemetery, crematory or			City or Town, State				
	4 Donation 5 Other (Specify)	Sacr	ed H		Cemetery		ongal	nela, PA				
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		22. NAME	AND ADDRESS OF FA	NCILITY						
	> Nobert	Bass	1	Barı	anco F.	H. Sever	na Pa	ark, MD 21146				
				not antar tha	node of dying, suc	ch as cardiac or reap	iratory arre					
	ahock, or haart fallure. List only one cause on each fine.  Interval Between Onset and Death											
	II IMMEDIALE CAUSE (FINAL											
	disease or condition realiting in death)  a. Wy Occard Lutarction wo mexit											
_	- Arterio scheratio Cardiovascular alisease Venus											
CERTIFICATION	GUE TO (OR AS A CONSEQUENCE OF)											
CAT	If any, leading to immediate cause. Enter UNDERLYING											
F	CAUSE (Diseasa or injury that initiated avents	DUE TO (OR AS A CONS	EOUENCE O	OF):								
H.	resulting in death) LAST	d.										
CE	d.											
AL	PART II. Other significant condition	s contributing to death but not	t resulting	in the underly	ing cause given in	Part i. 24a. WAS AF		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO				
oia						1 _ YES	NO	COMPLETION OF CAUSE DF DEATH?				
ME								1 TYES 2 NO				
Ë	<u> </u>											
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	PLACE OF OEATN (C)	heck only one)						
YSI	1 🗆 YES 2 🗀 🗙 10	1 Inpetient 2 ER/Outpetient	3 🗆 DOA		ome 5 - Realdance	6 Other (Specify)						
PHYSICIAN: MEDICAL	27, MANNER OF GEATN	26e. OATE OF INJURY (Month, Day, Year)	26b, TIN	JURY	INJURY AT WORK?	28d. DESCRIBE NOW	INJURY OCC	URED				
ВУ	1 Netural 5 Pending 2 Accident Investigation	1,000001			YES 2 NO							
	3 Suicids 6 Could not be	28e. PLACE OF INJURY — At I building, atc. (Specify)	home, term,	street, tectory, o	ffics	28t. LOCATION (Street City or Town, State		or Rural Route Number,				
TE	4 Homicide determined											
PLE	29s. CERTIFIER (Check only 1 CERTIFYING PHYS	ICIAN: To the best of my knowledge,	death occur	red at the time, d	sts and place, and du	s to the csuse(s) and ma	nner sa state	ed.				
COMPLETED	onel	R: On the besis of examination and/o	or investigati	ion, in my opinio	n, death occured at the	e time, data and place, a	nd due to the	s cause(a) and manner as stated.				
	29 SIGNATURE AND TITLE OF CENTIFIE	4)			29c. LICENSE NU	IMBER	29d. DATE	E SIGNED (Month, Day, Year)				
BE	Vame (	Vienn	5 V	MM	0169		<b>•</b>	3/21/90				
2	20 NAME AND ADDRESS OF BERSON WIL	O COMPLETED CAUSE OF DEATH (1)	TEM 270 /Em	n Drint)	2101	5-7		110111				



31. DATE FILEDINAGAIN, Day, Year)

32: REGISTRAN'S SIGNATURE
JUNA DAMY ON MANDELL

W4. 0

...

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within us after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit per be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: if Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fut be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any

	•											90	)	1030
	1 - FOR STATE REGISTRAR	STATE OF I	MARYLAND / CE	DEPAR	RTMEN	OF H	EALTH DEAT	AND I	MENTA	HYGIEN REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE	OF DEATH		YEAR	3. TIME O	F DEATH
	Victoria A. (	Cloud							03	-29-9	0	TEAR		м
.0	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yra. last	birthday)	IF UNDER	1 YEAR	IF UNDER	24 HMS.	7. DATE	OF BIRTH		8. BIRTI	IPLACE (Sta	te or Foreign
7	212-16-9246	1 M 2 XF	75	YRS.	MONTHS	DAYS	HOURS	MIN.	12-	1, Day, Year)	L	Ral 1		ce,MD
	9e. FACILITY NAME (If not institution, give s	treet and number)		-	9b. CITY	, TOWN O	R LOCATIO	ON OF DE				NTY OF D		. 0 /110
œ	1266 Busiesu 2	sinh Do	. 4		T 4 ~.		- 20	MD			7	~ 7\ ~		- 1
유	1266 Turkey po	DINE RO	au		Eage	ewat	ter, MD   Anne Arundel							3.T
DIRECTOR	MD 106. COUNT Anne	Arunde	1		ewa		ION						10d. INSID	E CITY S? 24 NO
	10e. STREET AND NUMBER					10f.	ZIP CODI				10g. CIT	IZEN OF V	WHAT COUN	
FUNERAL	1266 Turkey Po	oint ro	ad			2	103	7				USA		
F	11. MARITAL STATUS	MED O						I? (Specify Yes Rican, etc.)	or No-	14. RACI Blec	E — America k, White, etc	sn Indien,		
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE Y	MAR OR DATES			1 TYES				THE STATE OF		Spec	w. Whi	+0
	15. DECEDENT'S EDU	CATION	180 DE	PEDENTS	USUAL C	CCLIBATIO	M.		1404	KIND OF BUS	INFO ON	DUCTOV	WILL	LLE
	(Specify only highest grade	completed)	(Gh	ve kind of	work done	during mo	et of worldr	ng .	160	. KIND OF BU	SINE33/IN	UUSTRT		
ا ت	Elementary/Secondary (0-12)	College (1-4 or 5	+)											
COMPLETED	12		ISec	ret	arv					Clear				
	17. FATHER'S NAME (First, Middle, Last)									Middle, Meiden	Surname)			
B	Richard McKa	ı v							Lant					
6	19e. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code)													
	Fingene W. Cloud 1266 Turkey Point Road, Edgewater, MD													
	1 GBuriel 2 Cremation 3 Removal from State													
	4 Donation 5 Other (Specify) Hillcrast Cemetery Annapolis, MD													
	21. SIGNATURE OF PUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY													
	Hardesty Funeral Home P.A.													
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest,   Approximate													
	ahock, or heart failure. List only one cause on each line.												rval Between	
	IMMEDIATE CAUSE (Finel disease or condition										One	et and Death		
	resulting in desth)	a. UU	Wja	elle	we								191	week
		O LOCA	(OR AS A CONSEC	DUENCE (	1			11	(0					2 /2 4
Z	Sequentially list conditions,	b. 095t	WCEL	12		re	1 0	10	un	erea	N		Id	5 mos
CERTIFICATION	If any, leeding to immediate	DUE TO	(OR AS A CONSEC	DUENCE (	OF):		/	) /						
2	cause. Enter UNDERLYING CAUSE (Disease or injury	ese or injury												
	that initiated events resulting in death) LAST	d events DUE TO (OR AS A CONSCOUENCE OF):												
<b>E</b>	d													
3	PART II. Other algnificant condition	a contributing to	deeth but not n	esulting	In the u	nderlying	Cause	given in	Part I.	24e. WAS AN	AUTOPSY	241	b. WERE AUT	OPSY FINDINGS
8	Coronaut Art	ens 1	inoase	2						PERFO	. /			PRIOR TO
	Coronag ma	70								1 TYES	ING.		DF DEATH	7
Σ	A A	nn.				-							1 TYES	2   NO
ä	Grabetes hie	llitu	9											
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		ACE OF D	EATH (Ch	neck only o	ne)				
YS!	1 TYES 2 NO		☐ ER/Outpatient 3	□ DOA			5 D A	aaldence	8 🗆 Othe	er (Specify)				
PHYSICIAN: MEDICA	27. MANNER OF DEATH	28a. DATE Of (Month)	F INJURY Day, Year)	28b. TI	ME OF	28c. INJ WO	URY AT		28d. DE	SCRIBE HOW	INJURY O	CCURED		
ВУ	1 Natural 5 Pending 2 Accident Investigation				М		YES 2 [	NO	L					
	3 Suicide 8 Could not be	28e. PLACE (	OF INJURY At ho	me, ferm,	street, fac	ctory, offic	•			CATION (Street or Town, State		er or Rural	Route Numb	er,
TE	4 Homicide determined								J.1,	, 5.00				
COMPLETED	CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best o	f my knowledge, de	ath occur	red at the	time, date	end place	, end due	to the ce	use(e) and ma	nner as at	ated.		
ME	and only	R: On the beels of											(s) and man	ner as stated.
8	14			A						, , , , ,				
BE	SIGNATURE AND TITLE OF CERTIFIE	1/2	1	11	$\wedge$		29c LIC	ENSE NU	MBER		29d. DA	TE SIGNE	D (Month, Da	ly, Year)
2	30, NAME AND ADDRESS OF PERSON WI	IO COMPLETED CAL	ISE OF DEATH STEE	V/. (	Defeat)			IIb.	22	Λ		0/4	419	0

32 REGISTRAR'S SIGNATURE Julia Davidson-Rendall

4

Day, Year)

DHMH-18 Rev 1/89

DHMH-16 Rev 1/89

DALIMONE, MAN	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within urs after death. Page 6 may be retained	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified
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	PITA	RAL 72	T: If
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	101	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the ibe flied within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	M

	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM				GIENE G. NO.	
	1. DECEDENT'S NAME (First, Middle, Lest) GERLINDE	ELSA CO	OULOMBE			2. DATE OF DE	ATH	3. TIME OF DEATH 4/30A M
	219-44-3893	1 □ M 3⁄1□ F 48	YRS. MO	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIF (Month, Day, Jan.31	1942	BIRTHPLACE (State or Foreign Country) W. Germany
HOLO	90. FACILITY NAME (If not institution, give stre 531 Wellington Cou			Freder	R LOCATION OF DE	ATH		erick
DIME	Maryland Frede	rick		own on LOCAT	ION			10d. INSIDE CITY LIMITS? 1 K YES 2 NO
MEHAL	100. STREET AND NUMBER 531 Wellington Cou				21701		U.S	N OF WHAT COUNTRY?
	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 X Divorced	12. WAS DECEDENT EVER IN I FORCES? 1 YES IF YES, GIVE WAR OR DAT	2 (V) NO	If yes, spe	ENDENT OF HISPAN Icify Cuban, Maxica 2 NO Specify	n, Puerto Rican,		N. RACE — American Indian, Black, White, etc. Specify: White
	15. DECEDENT'S EDUCA (Specify only highest grade or Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work life. Do NOT use re Claims A	done during mo- tired.)	st of working		of Business/INDUS	ВТЯУ
O.	17. FATHER'S NAME (First, Middle, Last)	years			18. MOTHER'S NA	ME (First, Middle,	Malden Surname)	
פבי	Ingar Detrick				Kath1		Unknow	n
2	190. INFORMANT'S NAME (Type/Print) Teresa Coulombe						y or Town, State, Zip Cick, Md.	
	20a. METHOD OF DISPOSITION    Burlal 2   Cremetion 3   Remove 4   Donetion 8   Other (Specify)	M	PLACE OF DISPOSITION (COUNT OLIV	et Cem	etery		Frederic	k, Md. 21701
	21. SIGNATURE OF FUNERAL SERVICE LICE	Luley)	5	ROBE		LEY &	SON FUNE	RAL HOMES, P.A.
	23. PART 1. Enter the disesses, or conshock, or heart feliure. Li IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Ist only one couse on ee		enter the mo	Fan C	h se cerdiec o	r reapiratory errea	Approximate Interval Between Onset and Death
HILICATION	Sequentielly list conditions, it smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A C	CONSEQUENCE OF):	ıllı	y de	lalde	ol_	3 years
MCDICAL CE	PART II. Other significant conditions	contributing to death bu	t not resulting in t	he underlyln	g ceuse given in		WAS AN AUTOPSY PERFORMED? YES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1 YES 2 NO
HTSICIAN: N	25. WAS CASE REFERRED TO MEDICAL			26. PI	ACE OF GEATH (Ch	eck only one)		
2		HOSPITAL: 1   Inpatient 2   ER/Outpat		THER:	e 5 Residence		cffy)	
-	27. MANNER OF DEATH  1 Natural 8 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	F 28c. INJ WO M 1	AK?	28d. DESCRIBE	E HOW INJURY OCCU	RED
ובט פ	3 Suicide 8 Could not be determined	26s. PLACE OF INJURY - building, etc. (Specif		et, factory, offic	•	281. LOCATION City or Tow	(Street and Number of m, State)	r Rural Route Number,
COMPLE	cont only	IAN: To the best of my knowle : On the besia of examination						i. cause(a) and menner as stated.
	295 SIGNATURE AND TITLE OF CENTIFIER	1 som	5		29c. LICENSE NUI	WBER	29d. DATE	SIGNED (Month, Day, Year)
2	I. t. Tu	W 000)	/		201	711	▶ Mai	rch 24, 1990
-	T.F. HICKEY, M.D		TH (ITEM 27) (Type, Pri Medical		Freder	ick, Ma	ryland	21701
	31. DATE FILED (Month, Day, Year)	32. REGISTRAN'S SIGNA	TURE Pandall					

1 166 72.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	TOP STATE OF MARYLA  STATE OF MARYLA	ND / DEPARTM CERTIFICA			MENTAL HYGIENE REG. NO:			
	1. DECEDENT'S NAME (First, Middle, Leal)  ONALO ADDISON CRAT	و Donald A			2. DATE OF DEATH 3	123/90	3. TIME OF DEATH	
		yrs. last birthday) IF L	Count	HPLACE (State or Foreign				
OR	9a. FACILITY NAME (If not institution, give street and number) SHADY GROVE ADVENTIST A	JOSPITAL 96.		RLOCATION OF DE		96. COUNTY OF DEATH MONTGOMERY		
DIRECT	10a. STATE 10b. COUNTY Montgomery		WN OR LOCAT				10d. INSIDE CITY LIMITS? 1 YES 2 NO	
ERAL	100. STREET AND NUMBER - CLARKS burg Ra			ZIP CODE 20872		US	WHAT COUNTRY?	
BY TUNERAL DIRECTOR	11. MARITAL STATUS  1  Never Married 2 Married FORCES? 1 X YES IF YES, GIVE WAR OR DA WWW 2	2 NO	13. WAS DEC	E — American Indian, k, White, etc. White				
一個的	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5 +)	16a. DECEDENT'S USU. (Give kind of work of life. Do NOT use reti	ione during mo red.)	st of working	186. KIND OF BUSIN			
TO BE COMPL	17. FATHER'S NAME (First, Middle, Last)  John D. Crate	pestgii	Drait	18. MOTHER'S NA	ME (First, Middle, Maiden Su Ida Smith		Inicito	
TO 8	19a. INFORMANT'S NAME (Type/Print) Grindella A. Crate				, Damascus,		872	
	20a. METHOD OF DISPOSITION 1 Constitution 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or pther place) National Memorial Park 20c. LOCATION — City or Town, State Falls Church, Va.							
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  Dli L. Molowith		Olin	L. Mole	sworth , P.A	•		
CATION	Sequentially list conditions, If any, leading to immediata cause. Enter UNDERLYING	the death. Do not a ch line.  CONSEQUENCE OF:				tory errest,	Approximate interval Batween Opest ms Death	
CERTIFICATION	reaulting in desth) LAST	CONSEQUENCE OF):						
IN: MEDICAL	Justels hellet	ich /	Ly 1	a cause givan in	Part J. 24s. WAS AN AL PERFORMI	ED?	D. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MERICAL  EXAMINER?  1 YES 2 NO 1 Inpetient 2 ER/Outp.		HER:	a 5 Realdence	8 Cher (Specify)			
	27. MANNER OF DEATH 28e. DATE OF INJURY (Morith, Dey, Year)	28b. TIME OF INJURY		URY AT RK? /ES 2 NO	28d. DEŞCRIBE HOW INJ	URY OCCURED		
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined  28e. PLACE OF INJURY — At home, ferm, street, factory, office building, atc. (Specify)  28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)							
COMPLETED	29e. CERTIFIER (Check only one)  2  MEDICAL EXAMINER: On the best of axamination						e) and manner as stated.	
8	1996. SIGHATURE OF TITLE OF CENTIFIER	•		29 LICENSE NUI	49ER	POS. DATE SIGNA	23/90	
٥	38. NAME AND ADDRESS OF DESIGN WHO COMPLETED CHUSE OF DE	ATH (ITEM 27) (Type, Prin	" In	1) 77/	1 hedies	oct	Of Police	
	31. DATE FILED (Month, Day, Year)  MAR 2.6. 1990	ATURE ADAMS	1			-	ind	

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	ATTENDING PHYSICIAN: The law requires that the death certificate be executed within as after death. Page 6 may be retained by the	ECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be d	is after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILED (Month, Day, Year)

age 5 should be demonstrated in the should be demonstrated by the should age 5 should	be notitied at one and a second	TO BE COMPLETED BY FUNERAL DIRECTOR
DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be demonstrated by the funeral Hygiene prior to burial, cremation, or removal.	lem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notitled at on	LETED BY PHYSICIAN: MEDICAL CERTIFICATION

						90 1103
1 - STATE O	F MARYLAND / DEPAI	RTMENT OF H		MENTAL HYGIEN	E	
1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH
MARY D. CLARKE				03 30	199	0 1:45 PM
4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. lest birthdey)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		6. BIRTHPLACE (State or Foreign
147-36-7413 1 D M 2 🗵	F 97 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) 04 01 9	2	Country) Florida
9a. FACILITY NAME (If not institution, give street and number	7)	9b. CITY, TOWN C	R LOCATION OF DE			ITY OF DEATH
Memorial Hospital		East	าท		Tal	hot
RESIDENCE OF DECEDENT  10e. STATE  10b. COUNTY	Tues	TY, TOWN OR LOCAT			Idi	
			ION			10d. INSIDE CITY LIMITS?
Maryland Talbot		aston				1 X YES 2 NO
		101	. ZIP CODE		100	ZEN OF WHAT COUNTRY?
501 Dutchman's Land	EDENT EVER IN U.S. ARMED	40 000 000	21601			.S.A.
1 Never Married 2 Married FORCES?	1 YES 2 NO	If yea, ap	ecity Cuban, Maxica	IIC ORIGIN? (Specify Yea n, Puarto Rican, atc.)	or No-	14. RACE — American Indian, Black, White, etc.
3 Wildowed 4 Divorced	VE WAR OR DATES	1 U YES	2  ▼ NO Specify	7	- 1	Specify: White
15. DECEDENT'S EDUCATION		S USUAL OCCUPATION		16b. KIND OF BUS	INESS/INDU	
(Specify only highest grade completed)  Elementary/Secondery (0-12) College (1-4	His Do NOT I	work done during mo use retired.)	st of working			
11 1		nemaker				
17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NA	ME (First, Middle, Maiden	Surname)	
JOSEPH HUNTER M	AT.T.ETT		мару	Y DOZIER		
19a. INFORMANT'S NAME (Type/Print)		G ADDRESS (Street a		Route Number, City or Town	n, State, Zip	Code)
Kathrine H. Clarke	Rt ]	Box 8	B. Oxfo	rd MD 2	1654	
20a. METHOD OF DISPOSITION 1 ☐ Burial 2 ★ Cremetion 3 ☐ Removal from State	20b. PLACE OF DISPO				CATION — C	City or Town, State
4 Donation 5 Other (Specify)		Shore	Cremat	orium Geo	orge	town DE
21. SIGNATURE OF FUNERAL SERVICE LICENSEE		22. NAME AF	ID ADDRESS OF FAC	CILITY		
ME Newyork	O CFSP			ral Home		
23. PART I. Entar the diseases, or complications	that caused the death. Do		on, Mar		ratory srn	est, Approximata
shock, or heart fallure. List only one	cause on each line.		, , , , , , , , , , , , , , , , , , , ,		, , , , , ,	Intarval Batween Onset and Death
IMMEDIATE CAUSE (Final disease or condition	early man	man of	Quant.	and.		Onset and Death
resulting in death) a. Du	E TO (OR AS A CONSEQUENCE O	OFI:	2 and	M OF M		
	E TO (OR AS A CONSEQUENCE O	ladia : E	-6-91	2 6 0	Land	, ,
	E TO (OR AS A CONSEQUENCE O		nyon	- 70 0	40.	2
cause. Entar UNDERLYING	as Lined	in her	CARAL	Nochlan	di	1 2 200
CAUSE (Disease or Injury that Initiated events	E TO (OR AS A CONSEQUENCE O	OF):	CO VIV		J. 10 . 14	444
resulting in death) LAST						
PART II Other significant conditions contributing	a to death but not resulting	In the content to				
PART II. Other significent conditions contributing	g to deeth but not resulting	in the underlying	g cause given in	Part I. 24s. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
				1 YES 2	HO	OF DEATH?
				_		1 TYES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL		OTHER:	ACE OF DEATH (Che	ock only one)		
	2 ER/Outpetient 3 DOA	4 - Nursing Hom	e 6 🗆 Residence	6 Other (Specify)		
	TE OF INJURY 28b. Till 18th, Day, Year)	JURY WO	RK?	28d. DEŞCRIBE HOW II	HJURY OCC	URED
2 Accident Investigation		M 1 🗆 '				
3 Suicide 6 Could not be built 4 Homicide determined	CE OF INJURY — At home, farm, ding, atc. (Specify)	atreet, factory, offic		261. LOCATION (Street a City or Town, State)		or Rural Route Number,
29e. CERTIFIER (Check only	est of my knowledge, death occur	red at the time state	and place, and due	to the cause/e) and man	ner ee etet-	ad .
(Check only one) 2 MEDICAL EXAMINER: On the basic						
29b. SIGNATURE AND TITLE OF CERTIFIER	10		29c. LICENSE NUN			SIGNED (Month, Day, Year)
Colitas-	f mo		02571	-0		- 70 - 90

CAUSE OF DEATH (ITEM 27) (Type, Print)

39. REGISTRAR'S SIGNATURE

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היינים אויאר הביטחטט, וייני הסא ומינים,	AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 rours after death. Page 6	At DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direct 2 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
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31. DATE FILED (Month, Day, Year)

MAR 30 '90

						9	0 11034
	1 - STATE	STATE OF MARYLAND /	DEPARTMENT ERTIFICATE	OF HEALTH AND	MENTAL HYGIEN REG. NO.	E	
	1. OECEDENT'S NAME (First, Middle, Last)			- 11	2. DATE OF OEATH		
	4. SOCIAL SECURITY NUMBER	Augustus  6. SEX  C. AGE (In yrs. less  1 AM 2 F  6. AGE (In yrs. less	t birthday) IF UNDEF YRS. MONTHS	Carroll 11 YEAR	7. DATE OF BIRTH (Month, Day, Year)		BIRTNPLACE (State or Foreign Jountry)
DIRECTOR	9a. FACILITY NAME (If not institution, give stre  At his home,  RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY	near B&S Fishe	100	Grasonvil  OR LOCATION		9c. COUNTY	Anne's
	10e. STREET AND NUMBER	wer Anne	GIA	SCAUPIP CODE	24	10g. CITIZEN	LIMITS?  1 X YES 2 □ NO  OF WHAT COUNTRY?
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. AR FORCES? 1 YES 2 XF IF YES, GIVE WAR OR DATES	NO	WAS DECENDENT OF NISPA If yes, specify Cuban, Mexic  1 YES 2 NO Speci	an, Puerto Rican, atc.)		RACE — American Indien, Black, White, etc. Specify: BIK
PLETED	15. DECEDENT'S EDUC/ (Specify only highest grade of Elementary/Secondary (0-12)	ompleted) (G	CEDENT'B USUAL Of live kind of work done . Do NOT use retired.)	during most of working	16b. KIND OF BUS	SINESS/INDUST	RY 1
BE COM	17. FATNER'S NAME (First, Middle, Lest)  EQUIZ: V  196. INFORMANT'S NAME (Type/Print)	To Corya	0 [[		AME (First, Middle, Maiden	W	191+
2	Edward 29a, METNOD OF OISPOSITION	Carroll		eme of cemetery, cremetory or	villo:	md	21638
	20. METHOD OF OSPOSITION 1. Burlel 2 Cremetton 3 Remot 4 Donatton 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE	val from State other pl	Robin	Som	Gr	ASUMUI	1/4 md
	Llow X	Doshid		319 P	Va 54	aut	i md
	23. PART I. Enter the dispesses, or common about the common and th	omplications that caused the delist only one cause on each line	a.s	r the mode of dying, au $3$ . $\sim$ $\nu$	ch as cardiec or reep	iratory arreat,	Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A CONSE	OUENCE OF):				
_	PART II. Other algnificant conditions	contributing to death but not	resulting in the u	nderlying cause given in	n Part I. 24s. WAS AN		24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO
: MEDICAL					1 _ YES :	2 XNO	COMPLETION OF CAUSE OF DEATH?
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL: 1   Inpatient 2   ER/Outpatient 3	OTHE	26. PLACE OF DEATH (C			
BY PHYS	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	26b. TIME OF INJURY M	28c. INJURY AT WORK?  1 YES 2 NO	28d. DESCRIBE NOW	INJURY OCCUR	ED
	3 Suicide 6 Could not be 4 Nomicide determined	28e. PLACE OF INJURY — At he building, etc. (Specify)	ome, farm, street, fac	ctory, office	26f. LOCATION (Street City or Town, State	end Number or I )	Rural Route Number,
COMPLETED	(Orlock Orly)	SIAN: To the best of my knowledge, do					suse(e) end menner as stated.
O BE C	286. SIGNATURE AND TITLE OF CERTIFIER	R Smoon	h	DE23	UMBER 345	≥ 3	GARED (MONTH, Day, Year) -27 - 96

32. REGISTRAR'S SIGNATURE

Felia Savidson Pondale.

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72 hours after death with the State Dept. of Health and Mental Hygien	It Item 28 is marked, or item 23 shows any injury, or other
in 72 hours after death with the State Dept. of Health and Memtal Hygieni	IT: It Item 28 is marked, or item 23 shows any injury, or othe
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within 72 hours after death with the State Dept. of Health and Mental Hygien	TANT: It Item 28 is marked, or item 23 shows any injury, or other
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flied within 72 hours after death with the State Dept. of Health and Mental Hygien	PORTANT: It Item 28 is marked, or item 23 shows any injury, or othe
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remove	IMPORTANT: It Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

2

MARGARITA A.

31. DATE FILED (Month, Day, Year)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

KORELL, MD

	- STATE REGISTRAR							DEATH		L HYGIEI REG. NO				_
	1. DECEDENT'S NAME (First, I	Middle, Lest) Roser	mary			Dei	.S		2. DATE	30 <b>-</b> 90	DAY	YEAR	3. TIME OF DEATH 9:41AM	М
	4. SOCIAL SECURITY NUMBER		SEX	6. AGE (In y	rs. lest birthde	MONTHS	DAYS	IF UNDER 24 HRS. HOURS MIN.	(Mont	OF BIRTH	010	Coun		
	578-66-2580 9a. FACILITY NAME (If not inst		Λ		41 THS		Y TOWN C	R LOCATION OF E	FEB.	5, 1		WASI	HINGTON, I	).(
	Fairland R	toad	and manipoly.			55. 61.		lver Spi					ery Count	.у
		10b. COUNTY			10c. 0	CITY, TOWN	OR LOCAT	ION					10d. INSIDE CITY	
	MARYLAND	M	ONTGOM	ERY		SI	LVER	SPRING					1 YES 2 NO	)
	10e. STREET AND NUMBER						101	ZIP CODE			10g. CI	TIZEN OF	WHAT COUNTRY?	
11-	14400 FAIRE	DALE R	OAD_					2090	5			USA	A	
	11. MARITAL STATUS 1 Never Married 2 x R 3 Wildowed 4 Divor	Married	WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES :	2 NO	13	If yes, sp	ENDENT OF HISP/ ecify Cuben, Mexic 2 A NO Spec	an, Puerto		ee or No-		CE — American Indian, ck, White, atc. City: WHITE	
I	15. DECE	DENT'S EDUCATION TO THE PROPERTY OF THE PROPER	ON ploted)	.16	ia. DECEDEN	T'S USUAL	OCCUPATIO	ON et of westing	168	b. KIND OF BI	JSINESS/II	NDUSTRY		
1	Elementary/Secondary (0-		ollege (1-4 or 5	+)	SECRET		)	st of working	177	c DE	חים	OE A	GRICULTURI	G.
-	12				SECKEI	AKI							GRICULIURI	
- 11	17. FATHER'S NAME (First, Mic JOSEPH P.	ddle, Lasi) ALBANES	ST.					18. MOTHER'S N		FORTE		)		
-	19e. INFORMANT'S NAME (7)		J.		10b MARI	ING ADDRE	SE /Street a	nd Number or Rura				Zin Codel		_
- 11	and the second s	4	SBAND)										RYLAND 209	90
	20a, METHOD OF DISPOSITIO	ON Removai	from State	GA <sup>of</sup>	LACE OF DISI	POSITION (F	Vame of cer	netery, crematory or METERY					Town, State ING, MARY	ĹA
	21. SIGNATURE OF FUNERAL	SERVICE LICENS	Vine	)				S J. CO		FUNE	RAL SIL	HOME SP	, INC.	<u> </u>
	23. PART I. Enter the dia shock, or he IMMEDIATE CAUSE (Fini disease or condition reaulting in death)	eart failure. List	only one car Multip	le in	h ilne.	}	er the mo	de of dying, au	ich as car	diac or rea	piratory a	errest,	Approximate interval Bet Onset and I	wee
	Sequentially list condition of any, leading to immed cause. Enter UNDERLY!! CAUSE (Disease or injurthat initiated events resulting in death) LAST	ry c		V:	ONSEQUENCE						-			
	PART ii. Other algnificar	nt conditions co	ontributing to	death but	not resultin	ng in the i	underlyin	g cause given i	n Part I.	24a. WAS A PERFO	PRMED?	Y 24	Ib. WERE AUTOPSY FINE AVAILABLE PRIOR TO COMPLETION DF CAI OF DEATH? YES 2 NO	JSE
	25. WAS CASE REFERRED TO	MEDICAL	_				26. P	ACE OF DEATH (	Check only o	one)				_
	EXAMINER?		OSPITAL:	☐ ER/Outpati	ent 3 🗆 DO	OTHI	-D.	e 5 🗆 Residence			SC	ENE		
		Pending investigation	26e. DATE OF (Month, 1/2)	Pay, Year)	26b. 9:	TIME OF INJURY 30AM	28c. IN.	URY AT	28d. DE	SCRIBE HOW			uto impact	-
	3 Suicide 6 0	Could not be determined	26a. PLACE ( building	OF INJURY — , atc. (Specify)	At home, far	m, street, fa	_	•	261. Lo	CATION (Street y or Iown, Sta LY LANC	t and Numb	d,Si	Route Number, lver Sprin	ng
		IFYING PHYSICIAN											Maryland	ied.
F	29b. SICHATURE AND TITLE		· Ma	. / 9	1			29c. LICENSE N			29d. D.	ATE SIGNE	ED (Month, Day, Year) 1–90	_

32. REGISTRAN'S BIGNATURE
Filia Savidson Booksee

111 Penn Street, Baltimore, MD 21201

DHMH-16 Rev 1/89

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BALTIMORE, MARYLAND 21203-3146	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should
X 13146,	be executed within 2	cian and completely f
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	w requires that the d	been signed by the
ITAL	N: The la	icate has
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use as TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the thors TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE OF STATE OF REGISTRAR			MENT OF H		MENTAL HYGIEN	_	
i	1. DECEDENT'S NAME (First, Middle, Last) Robert	C.	Danie	el , II	I.	2. DATE OF DEATH MONTH 4-2-90	AY YEA	3. TIME OF DEATH 1:10AM M
	4. SOCIAL SECURITY NUMBER 5. SEX $1 \times 10^{-1}$ M $2 \times 10^{-1}$ F	6. AGE (In yrs. In 32	YRS. MO	UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH	57 °°	HTHPLACE (State or Foreign MARYLAND
TOF	96. FACILITY NAME (If not institution, give street and number)  UNIVERSITY HOSPITAL  RESIDENCE OF DECEDENT		98		MORE CITY		9c. COUNTY O	F DEATH
DIRECTOR	10a. STATE 10b. COUNTY  MARYLAND ANNE ARU	JNDEL	10c. CITY, T	OWN OR LOCAT	BURNIE			10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	10e. STREET AND NUMBER 7811 STAFFORD HILL CO	OURT		10f	ZIP CODE 2106.	1		S.A.
BY FUN	11. MARITAL STATUS  12. WAS DECEDE FORCES?  FORCES?  IF YES, GIVE	NT EVER IN U.S. AI 1 🙀 YES 2 🔲 WÄR OR DATES	RMED NO	If yes, spe	ENDENT OF HISPANI leify Cuban, Maxican 2 NO Specify:	В	ACE — American Indian, lack, Whita, etc.	
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5	+)	Give kind of work e. Do NOT use re	UAL OCCUPATION done during monthered.)	st of working		SINESS/INOUSTR	
ш	17. FATHER'S NAME (First, Middle, Lost) ROBERT C. DANIEL		TORE	MANAG	16. MOTHER'S NAM	ME (First, Middle, Malder	Sumame)	TITAL .
TO B	19a. INFORMANT'S NAME (Type/Print) ROBERT C. DANIEL					PSTEAD, M		
	20a. METHOD OF DISPOSITION  Burtal 2 Cremation 3 Removal from State 4 Donation 5 Other (Lipscity)	20b. PLACE other E GAR	of disposition of the control of the	FORE	netery, crematory or ST		NGS MI	r Town, Stata LLS , MD .
	21. SIGNATURE OF POLICIAL SERVICE LICENSEE	oufn	un	RAYM		FINK FUN		OME 21061 RNIE,MD.
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	use on aach lin	gunsho		da of dying, such		liratory arrest,	Approximata Interval Between Onset and Daath
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST  C.  OUE TO (OR AS A CONSEQUENCE OF):  d.							
BY PHYSICIAN: MEDICAL	PART II. Other aignificant conditions contributing t	o death but not	resulting in	tha underlyin	g cause given in		RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
SICIA	25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  HOSPITAL:  XXXInpatlent 2	☐ ER/Outpatient	3 DOA 4	THER:	ACE OF DEATH (Che			
ву РНУ	27. MANNER OF OEATH  1 Netural 5 Pending 2 Accident Investigation	Dey, Year)	286. TIME ( 1:10)	AM 1	URY AT RK? /ES 2\\\S\NO	Self in	flicted	
	XXX Suicide 8 Could not be detarmined 28. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify)  28. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify)  Building  28. PLACE OF INJURY — At home, term, street, factory, office building, Street and Number or Rural Route Number, 7863 Quarterfield Rd, Ann.						ld Rd, Anne	
COMPLETED	29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best MEDICAL EXAMINER: On the basis of							
TO BE C	29b. BIGNATURE AND TITLE OF CENTIFIER	heel			29c. LICENSE NUN	ABER	≥ 4-3	NEO (Month, Day, Year) -90
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CA MARGARITA A. KORELL, MD				Penn Str	eet,Balti	more,MD	21201 v
	31. DATE FILED (Month, Day, Yber) 32. REGISTI APR 4 1990 gina Daw	HAR'S SIGNATURE	lell					

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BOD PROCESSING AND AND AND AND AND AND AND AND AND AND	3. TIME OF DEATH
98. PACILITY MARK (Price institution, give sizes girld number)  98. PACILITY MARK (Price institution, give sizes girld number)  99. PACILITY MARK (Price institution, give sizes girld number)  90. CITY, TOWN OR LOCATION  100. COUNTY  100. COUNTY  100. COUNTY  100. STREET AND NUMBER  100. COUNTY  100. STREET AND NUMBER  100. COUNTY  100. STREET AND NUMBER  101. ZIP CODE  102. CITY, TOWN OR LOCATION  102. ZIP CODE  103. CITY, TOWN OR LOCATION  104. ZIP CODE  105. CITY, TOWN OR LOCATION  105. ZIP CODE  106. CITY, TOWN OR LOCATION  106. ZIP CODE  107. ZIP CODE  107. ZIP CODE  108. CITY, TOWN OR LOCATION  108. STREET AND NUMBER  108. ZIP CODE  109. CITY  109	YEAR TO THE
STAT-09-9880   02-18-08   8c. COV. TREE INCIDENT   9c. COV. TOWN OR LOCATION OF DEATH   9c. COV. TREEDIENCE OF DECEDENT   9c. COV. TWO NO ILOCATION OF DEATH   9c. COV. TWO NO ILOCATION   10c. STATE   10c. COV. TWO NO ILOCATION   10c. STATE    8. BIRTHPLACE (State or Foreign	
Security NAME (if not insultation, give street feat number)   Security Town on LOCATION   Laurel   Security Town on Loc	Country)
RESIDENCE OF DECEDENT  IND. SENTE  IND. SENTE  IND. COUNTY  Maryland  Howard  Laurel  IND. STREET AND NUMBER  9215 Whis skey Bottom Road  10. STREET AND NUMBER  9215 Whis skey Bottom Road  11. MARITUAL STATUS    Deceded   12. WAS DECEDENT EVER IN U.S. ARMED   13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-   17 YES 2   Marked   18 Yes, appeilty closer, Marcian, Puerfo Rican, etc.)  15. DECEDENT'S EDUCATION  Outhory only injune goods country  INL MONTH ROAD   10. WAS DECEDENT EVER IN U.S. ARMED   13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-   17 YES 2   WAS DECEDENT SHOULD COUNTY IN URKNOWN IN URKNOW	Pennsylvania
No. STRIE   NO. COUNTY   Sec CITY, TOWN OR LOCATION   Laure   No. STREET AND NUMBER   NO. STREET	ce ford
Maryland   Howard   Laurel   166, ZIP CODE   1769, CTIZE	
106, STREET AND NUMBER   106, ZIP CODE   109, CTIZE   101, STREET AND NUMBER   106, ZIP CODE   105, ZIP CODE	10d. INSIDE CITY LIMITS?
9215 Whiskey Bottom Road  11. MANTAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMED  13. WAS DECEDENTED OF HIPPANC CHIONY (Specify) Yes or No  14. WAS DECEDENTED OF HIPPANC CHIONY (Specify) Yes or No  15. WAS DECEDENTED OF HIPPANC CHIONY (Specify) Yes or No  16. DECEDENTS EDUCATION  (Specify only hipped grade considered)  17. FYER AND (First, Mindide, Last)  18. DECEDENTS EDUCATION  (Specify Coll) Applied grade considered)  18. DECEDENTS EDUCATION  (Specify Coll) Applied grade considered grade g	1 TYES THE NO
11. MANTAL STATUS 1	EN OF WHAT COUNTRY?
Never Merried     Married   FORCES?     YES     S   YES	
16. KIND OF BUSINESSIRIND   16. KIND OF BUSINESSIRIND	14. RACE — American Indian, Black, White, etc. Specify:
Ciperin (Openity only highest grade completed)   College (14 or 5 +)   (Gibe kind of work done during most of working file work flower during flower flower during most of working file working flower flower during most of working file working flower flo	White
UNKNOWN  UNK	ISTRY
17. FATHER'S NAME (First, Middle, Lest)  Paul Oller  19e. MFORMANT'S NAME (First, Middle, Maiden Surname)  Raphara Danko  19e. MFORMANT'S NAME (First, Middle, Maiden Surname)  Nichael Oller  4804 Myrtle Oak Dr., Newport Riche  20e. METHOD OF DISPOSITION  1   Burlel 2   Memoral from State  4   Densition   Other (Specify)  21. SCHATURE De L'UKERAL SERVICE LICENSEE  22. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dyling, such as cardiac or respiratory are shock, or heart fellure. Liet only one cause on sech line.  IMMEDIATE CAUSE (Final disease or influry that Initiated events resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  2. NAS CASE REFERRED TO MEDICAL EXAMPLER?  PART II. Other eignificent conditione contributing to death but not resulting in the underlying cause given in Part I.  2. NAS CASE REFERRED TO MEDICAL EXAMPLER?  PART II. Other eignificent conditione contributing to death but not resulting in the underlying cause given in Part I.  2. NAS CASE REFERRED TO MEDICAL EXAMPLER?  PART II. Other eignificent conditione contributing to death but not resulting in the underlying cause given in Part I.  2. NAS CASE REFERRED TO MEDICAL EXAMPLER?  PART II. Other eignificent conditione contributing to death but not resulting in the underlying cause given in Part I.  2. NAS CASE REFERRED TO MEDICAL EXAMPLER?  PART II. Other eignificent conditione contributing to death but not resulting in the underlying cause given in Part I.  2. NAS CASE REFERRED TO MEDICAL EXAMPLER?  PART II. Other eignificent conditione contributing to death but not resulting in the underlying cause given in Part I.  2. NAS CASE REFERRED TO MEDICAL EXAMPLER?  PART II. Other eignificent conditione contributing to death but not resulting in the underlying cause given in Part I.  2. NAS CASE REFERRED TO MEDICAL EXAMPLER?  PART II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Part I.  2. NAS CASE REFERRED TO	
18. MOTHER'S NAME (First, Middin, Last)   18. MOTHER'S NAME (First, Middin, Maiden Surname)   Paul Oller   190. MAILING ADDRESS (Street and Number of Paul Route Number, City or Town, Street, 20)   190. MAILING ADDRESS (Street and Number of Paul Route Number, City or Town, Street, 20)   190. MAILING ADDRESS (Street and Number of Paul Route Number, City or Town, Street, 20)   190. MAILING ADDRESS (Street and Number of Paul Route Number, City or Town, Street, 20)   190. MAILING ADDRESS (Street and Number of Paul Route Number, City or Town, Street, 20)   190. MAILING ADDRESS (Street and Number of Paul Route Number, City or Town, Street, 20)   190. MAILING ADDRESS (Street and Number of Paul Route Number, City or Town, Street, 20)   200. PLACE OF DISPOSITION (Number of Committee), committee of Control Paul Route Number, City or Town, Street, 20)   200. PLACE OF DISPOSITION (Number of Committee), committee of Control Paul Route Number, City or Town, Street, 20)   200. PLACE OF DISPOSITION (Number of Committee), committee of Control Paul Route Number, City or Town, Street, 20)   220. MAILING ADDRESS (Street and Number of Committee, City or Town, Street, 20)   220. LOCATION (Number of Committee, City or Town, Street, 20)   220. LOCATION (Number of Committee, City or Town, Street, 20)   220. MAILING ADDRESS (Street and Number of Committee, City or Town, Street, 20)   220. MAILING ADDRESS (Street and Number of Committee, City or Town, Street, 20)   220. LOCATION (Street and Number of Committee, City or Town, Street, 20)   220. MAILING ADDRESS (Street and Number of Committee, City or Town, Street, 20)   220. MAILING ADDRESS (Street and Number of Committee, City or Town, Street, 20)   220. MAILING ADDRESS (Street and Number of Committee, City or Town, Street, 20)   220. MAILING ADDRESS (Street and Number of Committee, City or Town, Street, 20)   220. MAILING ADDRESS (Street and Number of Committee, City or Town, Street, 20)   220. MAILING ADDRESS (Street and Number of Committee, City or Town, Street, 20)   220. MAILING AD	
Tigo, INFORMANT'S NAME (Type-Print)  Michael Oller  190. METNOD OF DISPOSITION  AROUND OF DISPOSITION  190. METNOD OF DISPOSITION  200. METNOD OF DISPOSITION  200. DELACE OF DISPOSITION (Name of comoting, cromatory or combine)  21. SGNATURE DE FUNERAL SERVICE LICENSEE  22. SGNATURE DE FUNERAL SERVICE LICENSEE  22. SAME AND ADDRESS OF FACILITY  Fleck Funeral Home, Inc.  760.1 Sandy Spring Road Law  Fleck Funeral Home, Inc.  760.1 Sandy Spring Road Law  23. PART I. Enter the diseases, or complications that coused the death. Do not enter the mode of dying, such as cardiac or respiratory size shock, or heart fellure. Liet only one ceuse on sech line.  MMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING  CAUSE (Disease or Injury that Initiated events resulting in deeth) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  1 DUE TO (OR AS A CONSEQUENCE OF):  25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1 DO INDER:  1 D	
Tigo, INFORMANT'S NAME (Type-Print)  Michael Oller  190. METNOD OF DISPOSITION  AROUND OF DISPOSITION  190. METNOD OF DISPOSITION  200. METNOD OF DISPOSITION  200. DELACE OF DISPOSITION (Name of comoting, cromatory or combine)  21. SGNATURE DE FUNERAL SERVICE LICENSEE  22. SGNATURE DE FUNERAL SERVICE LICENSEE  22. SAME AND ADDRESS OF FACILITY  Fleck Funeral Home, Inc.  760.1 Sandy Spring Road Law  Fleck Funeral Home, Inc.  760.1 Sandy Spring Road Law  23. PART I. Enter the diseases, or complications that coused the death. Do not enter the mode of dying, such as cardiac or respiratory size shock, or heart fellure. Liet only one ceuse on sech line.  MMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING  CAUSE (Disease or Injury that Initiated events resulting in deeth) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  1 DUE TO (OR AS A CONSEQUENCE OF):  25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1 DO INDER:  1 D	
Michael Oller  4804 Myrtle Oak Dr., Newport Riche  20s. METNOD OF DISPOSITION  Duriel 2 (V Premetter) a	Code)
20s. METNOD OF DISPOSITION 1	
1   Buriel 2   Mirremetton 3   Removal from State   Baltimore	
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory stress shock, or heart feliure. Liet only one cause on sech line.  IMMEDIATE CAUSE (Final disease or conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR	ity or Town, State
Fleck Funeral Home, Inc.  7601 Sandy Spring Road law shock, or heert fellure. Liet only one ceuse on asch line.  IMMEDIATE CAUSE (Final disease or condition resulting in dasth)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR A	MD
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory are shock, or heert fellure. Liet only one cause on each line.  IMMEDIATE CAUSE (Final diseases or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in deeth) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE	
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arreshock, or heart fellure. Liet only one ceuse on sech line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?    YES 2   NO	
25. WAS CASE REFERRED TO MEDICAL  EXAMINER?    DOA   26. PLACE OF DEATH (Check only one)	24b. WERE AUTOPSY FINDINGS
EXAMINER?    TYES 2 NO	COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
TYES 2 NO 1 Inpettent 2 ER/Outpettent 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)  27. MANNER OF DEATN  1 Natural 5 Pending Investigation 2 Accident Investigation 3 Suicide 8 PLACE OF INJURY At home, farm, streel, fectory, office 28t. LOCATION (Street and Number)	
27. MANNER OF DEATN  1 Natural 5 Pending Investigation 3 Suicide Special Suicide Special Speci	
2 Accident Investigation 3 Suicide 28c. PLACE OF INJURY — At home, farm, street, fectory, office 28t. LOCATION (Street and Number	URED
4 Homicide determined building, etc. (Specify)	or Rural Route Number,
18 98 Grand - 108918 Ma	cause(s) and menner as stated.
31. DATE FILED MOONE, Day, May 32. DEGISTRAB'S SIGNATURE  Julia Davidson—Handale	SIGNED (Morth, Day, Year)

OF SE

11

2203-3146

BALTIMORE, MARK

PLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retain TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 me filed within 72 hours after death with the State Dept. of Health and Merital Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

1 - STATE REGISTRAR		SIAIE UF N		CERTIF				MENIAL HYGIEN REG. NO			2.
1. DECEDENT'S NAME (First	, Middle, Last)							2. DATE OF DEATH			3. TIME OF DEATH
Earl	7)0	AU EAR	RL	F.	DA	Y		MONTH O	9	YEAR	1255 A M
4. SOCIAL SECURITY NUMBER	BER	5. SEX	6. AGE (in yrs	s. lest birthday)	IF UNDER 1 Y	EAR IF L	JNOER 24 HRS.	7. DATE OF BIRTH			IPLACE (State or Foreign
214-03-902	5	1 M 2 F	-	2 YRS.	MONTHS D	AYS HOL	JRS MIN,	(Month, Day, Year)	16	Count	vland
9e. FACILITY NAME (If not in		street and number)			9b. CITY, TO	WN OR LO	CATION OF DE			INTY OF D	
Ho	7 02	2000			94777	en s	boring		3//	. 4	
HO RESIDENCE OF DEC	CEDENT	7088					DILTH		I MO	ntge	mery
10e. STATE	10b. COUNT			1	Y, TOWN OR L						10d. INSIDE CITY LIMITS?
Maryland	Mor	ntgomery		S1.	lver	Spri	.ng				X□ YES 2 □ NO
10e. STREET AND NUMBER						101. ZIP	COOE		10g. CIT	IZEN OF V	VHAT COUNTRY?
715 Chesa	peake	e Avenue				20	910		Ü	S A	
11. MARITAL STATUS		12. WAS DECEDEN FORCES? 1		ARMED				NIC ORIGIN? (Specify Year, Puerto Rican, etc.)	a or No—	14. RACE	- American Indien, k, White, atc.
1 Never Merried 2		. IF YES, GIVE W	AR OR DATES	- NO			NO Specif			Spec Whi	
3 ₩ Widowed 4 Divo		W . W .	2				7				te
15. DEC (Specify onl	EDENT'S EDU ly highest grade	JCATION e completed)	164	Give kind of	WORK done during retired.)	JPATION ing most of	working	16b. KIND OF BU	SINESS/IN	DUSTRY	
Elementary/Secondary (f	0-12)	College (1-4 or 5		Clerk	se retired.)			77 0 70			
12				orerk						I Se	rvice
17. FATHER'S NAME (First, N George	fiddle, Leet)	. Da	77			0.00		ME (First, Middle, Maiden			
		שע	· y			_	lannie			Rain	les
19a. INFORMANT'S NAME (CURTIS E.								Route Number, City or Tov			
ļ	-			2504							Md 20904
20e. METHOD OF DISPOSIT		noval from State	oth	ACE OF DISPO er place)					OCATION -		
4 Donation 5 Other			_   Cc	lesvi					ver	Spr	ing Md
21. SIGNATURE OF FUNERA	L SERVICE L	MENSEE			22. NAI	ME AND A	DDRESS OF FA	TAKOMA	Telli	TEDA	L HOME
> X) Lleras	N.	along			25	4 Ca	rroll	St. N	To I	WELL A	.DC. 20012
23. PART I. Enter the d	liseeses, or	complications the	t ceused the	e death. Do	not enter the	e mode d	of dying, suc	h as cardiec or resp	iratory a	rrest,	Approximete
shock, or h	eert failure.	List only one ceu	se on eech	line.					·		Interval Between Onset and Death
IMMEDIATE CAUSE (Find disease or condition	nai	C-		<b>^</b>		10	0				Oliset and Death
resulting in deeth)	7	e. OUE TO	(OR AS A CO	ASEQUENCE O	E.	10	ueu.	~			
				rodens	1000	Tue					į į
Sequentielly ilst condit		DUE TO	(OR AS A CO	NSEQUENCE O	P: 1						
if any, leeding to imme ceuse. Enter UNDERLY	ING	Som	ue.		elen	0 0-	-/ O/D	the was	las	de	
CAUSE (Disease or injuthat initiated events	ury	DUE TO	(OR AS A CO	SEQUENCE O	F):	(,0)		700-	000	8	
resulting in deeth) LAS	ST	2									
	_										
PART II. Other aignifice	ent conditio	ne contributing to	deeth but r	not resulting	in the unde	erlying ca	use given in		N AUTOPSY RMED?	248	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
								1 _ YES	2 MO		COMPLETION OF CAUSE OF DEATH?
											1   YES 2   NO
25. WAS CASE REFERRED T EXAMINER?	TO MEDICAL	Hoore				26. PLACE	OF DEATH (C/	neck only one)			
1 YES 2 NO		HOSPITAL:	ER/Outpatie	nt 3 🗆 DOA	OTHER:	g Home 5	Residence	8 Other (Specify)			
27. MANNER OF OEATH		26e. OATE OF (Month, L		28b. TIR	AE OF 28	c. INJURY WORK?	AT	28d. DESCRIBE HOW	INJURY O	CCURED	
1 Natural 5 2	Pending Investigation	55511375	<b>-</b> ),,	"			2 NO				
	Could not be	28e. PLACE C	F INJURY —	Al home, ferm,	atreet, factory	, office		281. LOCATION (Street City or Town, State	and Numb	er or Rural	Route Number,
4 Homicide	determined	Donomy	ote. (opacity)					City or rown, state	1/		
290. CERTIFIER	TIFYING PHYS	SICIAN: To the best of	my knowledo	e, death occur	red at the time	e, date and	place, and due	to the cause(s) and me	enner ee e	ated.	
CONSUM ONLY	~										e) end menner ee stated.
								All Indiana Street In		The same	
29b. SIGNATURE AND TITL	E OF CERTIFIE	EN	-			296	LICENSE NU	MEER	29d. DA	TE SIGNE	(Month, Day, Year)
	1									1/27	170
30. NAME AND AODRESS C	FFERSON W	HO COMPLETED CAU	SE OF OEATH	(ITEM 27) (Typ		1	weeks	00.0		/	
JUNN	C. G	ELPI, ND	40	es an	- ×	اعو داد	tal	Silve S	pen	N	1d
31. DATE FILED (Month, Day	Year)	32. REGISTA Julia Da	AR'S SIGNATU	D.J. M				340			
M APRUZ :	JU	Juna Da	viason-1	The state of							

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	E	E #	28
•	A.	JE ST	E
i	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funera- be fled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examin
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	FOR 1 - STATE REGISTRAR	STATE OF MARY			F HEALTH AND I	MENTA	L HYGIENE REG. NO.			
	1. DECEOENT'S NAME (First, Middle, Last)					2. DATE	OF DEATH		YEAR	3. TIME OF DEATH
		Dassler				0	3 29		90	4:10AM M
1		- 98	(In yrs. last birthday)  YRS.	MONTHS DA	EAR IF UNDER 24 HRS.  NYS HOURS MIN.	(Mont	OF BIRTH th, Day, Year)		Country	
	232-66-1087  9a. FACILITY NAME (If not institution, give stree		69 YRS.	ah CITY TO	WN OR LOCATION OF DE	<del>^</del>	3.4,19		O GERMANY	
Œ	Montgomery General			Olney	WIN ON EOCATION OF DE	EAIN		Montgomery		
5	RESIDENCE OF DECEDENT									
E I	10e. STATE 10b. COUNTY	OMERT		Y, TOWN OR L						10d. INSIDE CITY LIMITS?
10	MD MONTO	SOMERY		SITAE	R SPRING			10a. CITI	ZEN OF W	1X YES 2 NO
ERA	15101 INTER	RLACHEN D	R. #1-10	021	20906				U.S	111
FUNERAL DIRECTOR	11. MARITAL STATUS 1	2. WAS DECEDENT EVER FORCES? 1 YES		13. WAS	DECENDENT OF HISPAN			or No-	14. RACE	- American Indian, White, atc.
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR			e, specify Cuban, Mexica YES 2 X NO Specif		rican, atc.)		Specif	
	15. DECEDENT'S EDUCAT	TION	18a. DECEDENT'S	USUAL OCCU	PATION	181	b. KIND OF BUSI	NESS/IND		WILLE
ij.	(Specify only highest grade co	mpleted) College (1-4 or 5+)	(Give kind of life. Do NOT u	work done durir	ng most of working					
MPL		5+	PHY	SICIA	N		MED:	ICI	NE.	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	- 1		(urname)		
BE	BRUNO JOHA  190. INFORMANT'S NAME (Type/Print)	NNES :	DASSLER		ANNA		FANNY			ECHSEL
2	FRED DASSI	מים:			TRBANK ST					VA 22066
	20a. METHOD OF DISPOSITION 1  Burial 2 K Cremetion 3 Remove		b. PLACE OF OISPO		of cemetery, cremetory or				City or Tox	
	4 Donation 5 Other (Specify)		CHAMB:	ERS	CREMATORY	Ÿ	RI	VERI	DALE	, MD.
1	21. SIGNATURE OF FUNERAL SERVICE LICEN	HISEE /	)	22. NAI	ME AND ADDRESS OF FA	CILITY	SIL	VER	SPR	ING, MD.
	M.H. Cha	meren	M0009	L W.	W. CHAME	BERS	co.	INC.	•	20910
	23. PART i. Enter the diseases, pr cpi shock, or heart fellure. List	mplications that cause at only one cause on	ed the deeth. Do each line.	not enter the	mode of dying, suc	ch es cer	rdiec or reapir	etory sn	rest,	Approximate interval Between
1	IMMEDIATE CAUSE (Fine)	And:	0.0		0	1-				Onset and Death Sudden
	resulting in death) s.	OUF TO (OR AS	A CONSEQUENCE O	E. Cory	unesi			Suas		
_		OUE TO (OR AS A CONSEQUENCE OF):  OUE TO (OR AS A CONSEQUENCE OF):  OUE TO (OR AS A CONSEQUENCE OF):  Cently al mexas varie Cones  Mexas varie Cones								3ways.
E	Sequentially list conditions, if eny, leeding to immediate	OUE TO (OR AS	A CONSEQUENCE O	F):	vie Pr	وصع درد	0 /			weeks
S										
CERTIFICATION	that initiated events resulting in death) LAST	SARCOM	2 07	les	C CoRIC	xi	enes	a.		year
	PART ii. Other significant conditions								7.45	WERE AUTOPSY FINDINGS
S		inuses					PERFORI	MED?	240.	AVAILABLE PRIOR TO COMPLETION OF CAUSE
ED						_	1 TYES 2	TNO		OF DEATH?
2										
BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPÍTAL:		OTHER:	26. PLACE OF DEATH (Ch	heck only o	one)			
YSI	1 TYES 2 DANG	I I Inpatient 2 - ER/Ou		4 - Nursing	Home 5 - Residence	,				
H	2?. MANNER OF DEATH  1 Netural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIA	JURY M	c. INJURY AT WORK? I YES 2 NO	28d. DE	SCRIBE HOW IN	JURY OC	CURED	
	2 Accident Investigation	28a. PLACE OF INJUI	RY — At home, term,	street, factory,		28t, LO	CATION (Street as	nd Numbe	r or Rural F	loute Number,
COMPLETED	4 Homicide 8 Could not be determined	building, atc. (Sp	ecify)			City	y or Town, State)			
PLE	29a. CERTIFIER 1 CERTIFYING PHYSICI.	AN: To the best of my kno	wiedge, death occur	red at the time	, data and place, and dua	n to the ca	suse(s) and mens	nor aa ste	ted.	
OM	one) 2 MEOICAL EXAMINER:	On the basis of exeminat	ion and/or investigati	on, in my opin	ion, death occured at the	time, dat	te and place, and	dua to t	he cause(a	) and manner as stated.
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	100111 0			29c. LICENSE NU	MBER		29d. DAT	E SIGNEO	(Month, Day, Year)
70		clessing		D-/	D 254	10		•	2/2	1/20.
'-	30. NAME AND ADDRESS OF PERSON WHO	,		50/ I	Wiernaki	ara	e De	ue	Sel	(MONIN, Day, Year) 9/20,
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	NATURE							-//
	APR UZ 90	guila	Davidson A	indole.						

	1 - FOR STATE OF MARYLA		IT OF HEALTH AND I	MENTAL HYGIEN	E		
	1. DECEDENT'S NAME (First, Middle, Last) Ralph E. D	ea n		2. DATE OF DEATH DO		3. TIME OF DEATH  11.30 AM M	
æ	577-60-7384 1 M 2 F 91  9a. FACILITY NAME (If not institution, give street and number)	YRS. MONTHS	TY, TOWN OR LOCATION OF DE	7. DATE OF BIRTH (Month, Day, Year) Sept. 10,1		BIRTHPLACE (State or Foreign Country) [aryland OF OEATH	
СТО	Shady Grove Adventist Hospita		ckville		Mont	gomery	
DIRECTOR	Maryland Montgomery	10c. CITY, TOWN				10d. INSIDE CITY LIMITS?  1 XX YES 2 NO	
FUNERAL	10e. STREET AND NUMBER		101. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?	
NE	257 Congressional Lane, #702	U.S. ARMED 12	20852 3. WAS DECENDENT OF HISPAN	MC OBIGIN2 (Specify Ver		ed States RACE — American Indian,	
B⊀	1 Never Married 2 Married FORCES? 1 YES 3 Wildowed 4 Divorced FYES, GIVE WAR OR DA	2 X NO	If yes, specify Cuben, Maxica	n, Puerto Rican, etc.)	16.	Black, White, atc.  Specify:  White	
COMPLETED	15, DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5+)	16e. OECEDENT'S USUAL. (Give kind of work don life. Do NOT use retired	e during most of working	16b. KIND OF BU			
DMP	1 2 17. FATHER'S NAME (First, Middle, Last)	Clerk		Postal ME (First, Middle, Maiden		e	
	Robert S. Dean			B. Evans	Sumerne)		
TO BE	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING ADDRE	SS (Street and Number or Rural	Route Number, City or Tow	n, State, Zip Coo	ie)	
	Elizabeth H. Dean		ressional Lar				
	1 🗆 Burial 2 💢 Cremation., 3 🗆 Removal from State	other place)	Name of cometery, cromatory or rematory or rematorium,		cation – city chesda -	or Town, State Maryland	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE M	00381	2. NAME AND ADDRESS OF FA	Robert	A. Pum	phrey Funeral	
	Barbara Jo Mc Mullen Lawre	nce H	ome/Rockville	Inc. 300	West	Montgomery 0850-2805	
-	23. PART I. Enter the diseases, or complications that caused shock, or haert failure. List only one cause on as IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A	the death. Do not ant och line.	1	sh se cardiac or reap	ratory arrest,	Approximata Interval Between Onset and Death Socious S	
CERTIFICATION	ceuse. Enter UNDERLYING	CONSEQUENCE OF):	ties			Tany /	
PHYSICIAN: MEDICAL	PART II. Other elgolificant conditions contributing to death be	ut not reaulting in the	undarlying csuse given in	Part I. 24a. WAS AN PERFOI	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO	
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	ОТН	26. PLACE OF DEATH (CA	neck only one)			
HYSI	1 ☐ YES 2 ☐ NO 11 Inpatient 2 ☐ ER/Outp.  27. MANNER OF DEATH 28e. DATE OF INJURY		ursing Home 5 - Residence	a Other (Specify)	N KIRV OCCID	F0	
BY PI	1 Natural 5 Pending (Month, Day, Year)	INJURY M	WORK?  1 YES 2 NO	280. DESCRIBE NOW	NOON1 OCCON		
	a Decident	— A1 home, farm, street, fi	actory, office	281. LOCATION (Street City or Town, State)		Rural Route Number,	
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: In the deat of my known		e time, data and place, and due y opinion, death occured at the			ause(a) and manner as stated.	
TO BE C	296. SIGNATURE AND TITLE OF CHITTOTHE		29c. LICENSE NU	38	≥ 3	GNED (Month, Day, Mar) - 29 - 90	
-	30. Name and address of Person who completed cause of deal and the same of the	9511 De	octors Dr	Germ	antou	in, MY 20874	
	APR 02 90 Julia Davidson-Randelle						

the funeral director, page 5 should be detached oval.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burilal, cremation, or removal.  IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
the funeral director, page 5 should be detached oval.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or rem
fter death. Page 6 may be retained by the hosp	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp

STATE OF MARYLAND / DEPART	MENT OF	HEALTH AND	MENTAL	HYGIENE
CERTIFIC	CATE OF	DEATH		REG. NO.

1 - FOR STATE REGISTRAR		STATE OF MAI	RYLAND	/ DEPARTM	MENT OF I	EALTH AND I	MENTA	L HYGIEN		90	1104
1. DECEDENT'S NAME (Fin	ME (First, Middle, Last)  lomena Mirabelli D'Agostino						MONT	of DEATH		PAR	3. TIME OF DEATH 4:30 A M
4. SOCIAL SECURITY NUM 051-07-246	5	1 🗆 M 2 🔏 F	AGE (In yrs. le		F UNDER 1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE (Mont	of BIRTH h, Day, Year) V. 15,	1899	Country)	taly
9a. FACILITY NAME (If not 20533 Asper		The state of the s		9		hersburg			9c. COUNT	tgom	
20533 Asperession of the second of the secon	10b. COUNT					wn on location Thersburg					10d. INSIDE CITY LIMITS? 1 YES 2 XNO
10e. STREET AND NUMBE 20533 Asp		Lane			10	1. ZIP CODE 20879					States
3 X Widowed 4 Di		12. WAS DECEDENT ET FORCES? 1 IF YES, GIVE WAR	YES 2		If yes, s	CENDENT OF HISPAR Hecity Cuban, Mexica 3 2XXNO Specifi	n, Puerto		n or No—	Specify	- American Indian, White, atc. White
	CEDENT'S EDU nly highest grade (0-12)		16a. D	DECEDENT'S US 'Give kind of work fe. Do NOT use n	WAL OCCUPATI k done during m etired.)	ON ost of working		. KIND OF BU			
10 17. FATHER'S NAME (First,			S	Seamstr	ess	16. MOTHER'S NA		Clothi Middle, Malden		dust	ry
Gaetano 19a. INFORMANT'S NAME	(Type/Print)	11i				Rosan	Route Num	ber, City or Tow			2072
Mary Cast  20a. METHOD OF DISPOS  1 🕅 Burial 2 □ Crema  4 □ Donation 5 □ Oth	TION ion 3 🗆 Rem	novel from State	20b. PLACI	E OF DISPOSIT	ON (Name of ce	od Lane	Galt	20c. LC	rg, Mo cation - co ens, l	ity or Tow	n, State
21. SIGNATURE OF FUNE		DE VIA	1	oom c	22. NAME A	ND ADDRESS OF FA East Dee thersbur	r Pa	eVol F rk Dri	unera. ve	l Ho	me
23. Part Enter the ahock, or IMMEDIATE CAUSE (F disease or condition resulting in death)	heart feilure. 'Inei	a. Respi	on each lir	deeth. Do not ne.  y Fail EQUENCE OF):		ode of dying, suc	h aa cer	diec or resp	iratory arre	at,	Approximate Interval Between Onset and Deat 3 Wk.
Sequentially list cond if any, leeding to lmm cause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA	ediete YING jury	c. Asthr	na	ale EQUENCE OF):							6 mo.
PART II. Other eignifi	cent condition	na contributing to de	ath but not	t reaulting in	the underlyle	ig cause given in	Part I.	24a. WAS AMPERFO	RMED?	116	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED EXAMINER? 1 YES 2XXNO	TO MEDICAL	HOSPITAL:	R/Outpatient	3 DOA 4	THER:	LACE OF DEATH (C)	,	/			
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  26. PLACE OF DEATH (Check only one)  27. MANNER OF DEATH  1 Netural 6 Pending  28. DATE OF INJURY (Mortin, Dey, Year)  29. THER:  28. PLACE OF DEATH (Check only one)  29. PLACE OF DEATH (Check only one)  20. PLACE OF DEATH (Check only one)  21. Natural 6 Pending 22. Accident Investigation											
	Could not be determined	28e. PLACE OF II building, atc	JURY — At I (Specify)	home, farm, str	et, factory, offi	ce	281. LOI City	CATION (Street or Yown, State	and Number o	or Rural Ad	oute Number,
2001		ER: On the best of my									and manner as stated.
296. SIGNATURE AND TIT		u' Lucus	10			29c. LICENSE NU D 2 3 6			29d. DATE		(Month, Day, Year)
30. NAME AND ADDRESS	44 .7.		OF DEATH (IT	TEM 27) (Type, P	rini) Freder	ek Rd	#Z	13,	6+4	-116	urg. MD 201
31. DATE FILED (Month, De	03 '90	32. REGISTRAR'S	SIGNATURE	A - Produ	200						

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit has said within 72 hours after death with the State Deat of Health and Mental Hollene orior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notitled at once.
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								00 11042
	1 - FOR STATE REGISTRAR	ATE OF MARYLAND / CE		MENT OF HE		MENTAL HYGIENI REG. NO.	E	
	1. OECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	Y - (11) YE	3. TIME OF DEATH
	STELLA	С	DE	CKER		4-8	-90	12,02 pm
	4. SOCIAL SECURITY NUMBER 5. SEI 1	8. AGE (In yrs. last		IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Dwy, Year) 04-29-	1 5	BIRTHPLACE (State or Foreign Country)
2	9a. FACILITY NAME (if not institution, give street and			9b. CITY, TOWN OF			9c. COUNTY	OF OEATH
8 B	Memorial Hosp:	ital		COME	BERLAND		AL	LEGANY
2	10a, STATE 10b, COUNTY		10c. CITY.	TOWN OR LOCATION	ON			10d. INSIDE CITY
- DIRECTOR		egany		Cumb	perland			LIMITS? 1 YES 2 NO
FUNERAL	28 Louise Driv	ve			ZIP CODE 21502			USA
B⊀	1 Never Married 2 Married FC	MAS OECEOENT EVER IN U.S. ARM ORCES? 1 1 YES 2 1 NO YES, GIVE WAR OR DATES	MED O		olfy Cuban, Maxicar	IC ORIGIN? (Specify Yea n, Puarto Rican, etc.)	or No.— 14.	RACE — American Indian, Black, Whita, etc. Specify:
	15. DECEDENT'S EDUCATION (Specify only highest grade complet	ted) 16a. DEC		JSUAL OCCUPATION		18b. KIND OF BUS	SINESS/INDUS	
		ege (1-4 or 5+)	Do NOT use	retired.)	, or morning	own	home	
MP	12		ho:	usewife	2		owi fo	
E COMPLETED	17. FATHER'S NAME (First, Middle, Last)  Joseph Gra	ady				ME (First, Middle, Maiden F. Smit		
BE (	19a. INFORMANT'S NAME (Type/Print)	19b.	MAILING	ADDRESS (Street an		Route Number, City or Town		de)
2	Carl F. Decker		28 L	ouise I	Drive,	Cumberla	nd, M	ID 21502
	20a METHOO OF DISPOSITION  1 Burlal 2 Cremation 3 Removal fro	20b. PLACE C	OF DISPOSI	TION (Name of cem				or Town, State
	4 Donation 5 Other (Specify)	St. I		s Ceme		Cu	mberl	and, MD
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	0 1		22. NAME AN	arper17	Funeral	Home	
	Vanes 7	xcomple	,	Cuml	perland	, MD 215	02	
1.5	23. PART I. Eyter the diseases, or compile	cations that caused the dea	ath. Do no	ot enter the mod	la of dying, eucl	h ee cardlec or reepi	retory arrest	
	shock, or heart fellure. List or iMMEDIATE CAUSE (Final	nly one cause on each line.	0 0		()	T		Interval Between Onset and Death
	disease or condition	MIMMON	lm	mus 1	HMI	1		
	reaulting in death)	DUE TO (OR AN A CONSEQ	ULINCE OF	en bi	10			
z	7	MINMI	Jai	UTH	1 a	1001		
<u> </u>	Sequentially liet conditions, if eny, leeding to immediate	DUE TO (OR ASIVA CONSEQ	WENCE OF	k	111.			
8	cause. Entar UNDERLYING CAUSE (Disease or Injury	and	WW	Morn	ung			
CERTIFICATION	that initiated events	DUE TO (OR AS A CONSEQ	WENCE OF		0			
	reaulting in death) LAST							
ī. I	PART II. Other significant conditions cont	tributing to death but not m	eaulting in	n the underlying	cause given in	Pert I. 24s. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS
8		1.5			30.00	PEHPOP		AVAILABLE PRIOR TO COMPLETION OF CAUSE
EDI						1 🗌 YES 2	INO	OF OEATH?
Σ						_		1 TYES 2 NO
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (Ch	eck only one)		
22	EXAMINER?	SPITAL: inpatient 2 ER/Outpatient 3	□ DO4	OTHER:				-
Ϋ́		28a. DATE OF INJURY	28b. TIME	OF 28c, INJU		6 Other (Specify)  28d. DESCRIBE HOW I	NJURY OCCUP	RED
P	1 Natural 5 Pending	(Month, Day, Year)	INJU	URY WO				
В	2 Accident Investigation 3 Suicida & Could not be	28s. PLACE OF INJURY — At hor	me, farm, at			28f, LOCATION (Street	and Number or	Rural Route Number,
띹	4 Homicide B Could not be	building, etc. (Specify)				City or Town, State)		000000000000000000000000000000000000000
	29a. CERTIFIER 1 CERTIFUE BAYESCIAN.	To the heat of an investor	ath ac-	d at the state of	and alone and a			
COMPLETED	(Order ora)	To the best of my knowledge, dea the basis of examination and/or is						
	29b. SIGNATURE OF CERVIFIER	2	7 4					
BE	70000mina	ch (LA)/h	100	m	29c. LICENSE NUI	04)	29d. OATE S	IGNED (Month Day, "Gar)
2	30. NAME AND ADDRESS OF PERSON WHO COM	IDI ETEO CALGE DE DEATH (ITEA	7 W/	Driet)	1/100	//	7-	0 10

Cumberland,

William Lamm, M.D., Virginia Avenue,
32. REGISTRAR'S SIGNATURE
990 Dr. 31. DATE FILEO (Month, Day, Year)

21502

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DIVISION OF VITAL	ATE.
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	IOSPITAL OR A
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	1 - FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF			ENTAL HYGIE			
	1. DECEDENT'S NAME (First, Middle, Lest Frank	Leo		Dinn	is		4	DAY 6	90	8:29 P
	4. SOCIAL SECURITY NUMBER 577-46-9672 98. FACILITY NAME (If not institution, give	1 XM 2 □ F 63	(In yrs. last birthday) YRS.	MONTHS DAY		MIN.	7. DATE OF BIRTH (Month, Day, Year) 1/29/26	7	Country)	ngton, DC
TOR	Prince George		spital		neverly		n			eorge's
DIRECTOR	10a. STATE 10b. COUN	π ince George's		Y, TOWN OR LO	CATION					IOd. INSIDE CITY LIMITS?
FUNERAL	10s. STREET AND NUMBER 1212 Pensive Lan				10f. ZIP CODE 20	716			S.A.	IAT COUNTRY?
BY FUNE	11. MARITAL STATUS 1 Never Merried 2 Merried 3 XWidowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 X YES IF YES, GIVE WAS OR D WW L	2 NO	If yes	DECENDENT OF	HISPANIC , Maxican,	ORIGIN? (Specify Y Puerto Ricen, etc.)		14. RACE	- American Indian, White, stc.
PLETED	15. DECEDENT'S EC (Specify only highest gre Elementary/Secondery (0-12) 1.2		16a. DECEDENT'S (Give kind of life. Do NOT u	work done during se retired.)	most of working	7	GOVEYN			ces Admin
BE COMPL	17. FATHER'S NAME (First, Middle, Lest) James Dinnis		Duppin	эрсста	16. MOTH	er's name	E (First, Middle, Meide		JET VI	ces Admir
TO E	196. INFORMANT'S NAME (Type/Print) Richard Dinnis		3630	Joycin	Court	, Ell	icott Ci	ty, M	0 21	
	20a_METHOD OF DISPOSITION 1 © Moral 2 Consistion 3 □ m 4 □ Donation 5 □ (may (Specify)) 21. SIGNATUS OF PARISHAL SERVICES	movel from State	b. PLACE OF DISPO other place) Washingt	on Nat	ional ( E AND ADDRES ncis Ga	Cemet s of Facili asch	ery Su	unera.	d, Ma	ryland
	23. PART I. Enter the diseases, o shock, or heert fellum IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	a. Neck inj	ech line.		mode of dyli	ng, such	aa cardiac or rea	piratory srr	est,	Approximate interval Betwee Onset end Des
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	A CONSEQUENCE O	,						
MEDICAL	PART II. Other algnificant conditi	ona contributing to death t	out not resulting	in the under	ying cause g	iven in P	art I. 24a, WAS / PERF	AN AUTOPSY ORMED? 2 NO		WERE AUTOPSY FINDING WANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 2508 2 NO	HOSPITAL: 1 ☐ Inpatient 2 ☆ ER/Out	patient 3 DOA	OTHER:	8. PLACE OF OR	,	k only one)		<u> </u>	
D BY	27. MANNER OF DEATH  1 Natural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJURY building, etc. (Spe	7:45 Y — At home, farm,	P M 1	INJURY AT WORK?  YES ZO	₹no	Driver i	SCRIBE HOW INJURY OCCURED  Ver in auto/auto impact  ATION (Street end Number or Burni Route Number.		
COMPLETE	29e. CERTIFIER 1 CERTIFYING PH	YSICIAN: To the best of my know	viedgs, death occur			and dus to	the cause(s) and n		ed.	
TO BE CC	296 SIGNATIONE AND TITLE OF CENTER	Ser Holly	7 M	1		OCME	BER	-		(Month, Day, Ybar)
	Mario F. Goll 31. DATE FILED (Month, Day, Year)		Assista		111	Penn	St.	Balto	o.MD.	
	APR 11 '90	Gulle Triiden P	ndece.							OHMH-16 Rev

MAR 2 9 '90

	FOR 1 - STATE REGISTRAR	STATE OF MARY		MENT OF I		MENTAL HYGIEN	E	
100	1. DECEDENT'S NAME (First, Middle, Last)	Alice	Deme	210		2. DATE OF DEATH DA MONTH DA		3. TIME OF DEATH O 1756 M
	4. SOCIAL SECURITY NUMBER 209-32-4569	1 🗆 M 2 💢 F	E (In yrs. lest birthdey)  YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Morith, Day, Year) 4-5-06		BIRTHPLACE (State or Foreign Country) Penn.
TOR	9a. FACILITY NAME (# not institution, give s PENINSULA GENER RESIDENCE OF DECEDENT		L		LISBURY,	MARYLAND	Sc. COUNTY	OF DEATH WICOMICO
DIRECTOR	10a. STATE 10b. COUNTY	ncesten	10c. CITY	Berlin	TION			10d. INSIDE CITY LIMITS?  1 YES 2 XXNO
FUNERAL	100. STREET AND NUMBER  5 Driftwood La	ne		10	ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
В	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 1 YI IF YES, GIVE WAR DE	ES 2 NO	If yes, sp	ENDENT OF HISPAN	IIC ORIGIN? (Specify Yea n, Puerto Ricen, etc.)	or No- 14.	RACE — American Indian, Black, White, atc. Specify: White
COMPLETED	16. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)		USUAL OCCUPATION done during me oretrod.)	ON st of working	16b. KIND OF BUS		
OM	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	ME (First, Middle, Maiden	Surname)	
BE C	Jack Todoven	to			Monice	a Todoverto	)	
TO E	190. INFORMANT'S NAME (Type/Print) Twila Groff					Poute Number, City or Town Erlin, Md.		
	20a. METHOD OF DISPOSITION  1 Souriel 2 Cremation 3 Communication 5 Clother (Special)	ovel from State	20b. PLACE OF DISPOS other place)	ITION (Name of ce		20c. LO		or Town, State
	21. BIOMATHER OF FUNDAL ENTRYICE LA	Pul				cility 21 Home 1		
CERTIFICATION	21. PART. Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)  Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	e. Carsus  DUE TO (DR A DUE TO (DR A C. CARSON COMMENT)	S A CONSTRUENCE OF	me for		Carel		interval Between Onset and Death
PHYSICIAN: MEDICAL C	PART II. Other significent condition	is contributing to deati	h but not resulting i	n the underlyin	g ceuse given in	Part I. 24a, WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
IA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				LACE OF DEATH (Ch	eck only one)		
SIC	1 YES 2 NO	HOSPITAL: 1 1 Inpetient 2   ER/C	Outpatient 3 🗆 DOA	OTHER: 4 Nursing Hor	ne 5 🗆 Realdance	6 Other (Specify)		
ву РН	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJUI (Month, Day, Yea	RY 26b. TIMI	URY W	JURY AT DRK? YES 2 NO	28d. DESCRIBE HOW I	NJURY OCCUR	ED
	3 Suicide 6 Could not be 4 Homicide determined	28a. PLACE OF INJU building, etc. (S	JRY — At home, farm, s Specify)	street, factory, offic	08	281. LOCATION (Street and City or Town, State)	and Number or I	Rural Route Number,
COMPLETED	000)	ICIAN: To the best of my kr						suso(a) and manner as stated.
BE	29b. SIGNATURE AND TITLE OF CENTIFIE				29c. LIGENSE NUI	MBER D31887	29d. DATE SI	GNED (Morith, Day, Year)
10	30. NAME AND ADDRESS OF PERSON WE WAlter Lischick	560 Ri	verside Dr	. SAlis	bury m	d, 21801		
1	31. DATE FILED (Month, Day, Year)  MAD 2 9 9	32. REGISTRAR'S S	idson-Randall	2	,			

BALTIMORE, MARYLAND 21203-3146

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: It liem 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
THE HOSPITAL DR ATTENDING PHYSICIAN:  O THE FUNERAL DIRECTOR: After this certifica e filed within 72 hours after death with the St MPORTANT: It item 28 is marked, or it
O THE HOSPITAL DR AT O THE FUNERAL DIRECT of filed within 72 hours a MPORTANT: It item 2

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	* REGISTRAR		CERTIF	CATE	JE DEATH	REG. NO		
	Allen V	Allen Veron		GV	is	2. DATE OF DEATH MONTH D	9	0 0 3 3 M
	4. SOCIAL SÉCURITY NUMBER 215-14-2459	5. SEX 6. AGE 1 M 2 X F	(In yrs. lest birthday) 65 vrs.	IF UNDER 1 YE MONTHS DA	AR IF UNDER 24 HRS. YS HOURS MIN.	7. DATE OF BIRTH (Month, Dey, Year) Sept. 21,	1924	pirthplace (State or Foreign Country) laryland
OR	9a. FACILITY NAME (If not institution, give str Washington Coun				wn or Location of D gerstown	EATH	9c. COUNTY	ching ton
티디	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY		10c. CIT	r. TOWN OR L	OCATION			10d, INSIDE CITY
- DIRECTOR	Maryland Wash	ington	На	gesto			T	1 VES 2 ND
FUNERAL	730 Weldon Place				101. ZIP CODE 21740			OF WHAT COUNTRY?
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER OF FORCES? 1 YES, GIVE WAR OR DECEDENT EVER OF THE WAR OR DECEDENT EVER OF THE WAS DECEDED.	2XXNO	If ye	DECENDENT OF HISPA s, specify Cuban, Mexico YES 2XXND Specific		n or No—	RACE — American Indian, Black, White, atc. Specify: white
	15. DECEDENT'S EDUC (Specify only highest grade of		18a. DECEDENT'S	USUAL OCCU	PATION g most of working	16b. KIND DF BU	SINESS/INDUST	RY
COMPLETED	Elementary/Secondary (0-12) 0-12	College (1-4 or 5+)	Ille. Do NOT us	e retired.)	publisher	magaz	ine	1
8	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (First, Middle, Meiden	Sumame)	
BE C	Allen V. Davis				He1	en R. Gilb	ert	
10 8	19a. INFORMANT'S NAME (Type/Print)		The second second second second			Route Number, City or Tow		100
۲	Mrs. Ruth A. Davi	.s	730 V	Veldon	Place, Ha	gerstown,	Maryla:	nd 21740
	20a, METHOD OF DISPOSITION  1 🖾 Burlat 2 🗆 Cremation 3 🗆 Remo  4 🗆 Donation 5 🗀 Other (Specify)	oval from State			of cometery, cromatory or morial Par		erstow	or Town, State n, Maryland
	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE	0	22. NAR	E AND ADDRESS OF FA	MINNIC		RAL HOME town, MD 21740
$\dashv$	23. PART I. Enter the disesses, or co	/ //me	d the death. Do a	At antes the	made of dulan and		Inchem, compat	Approximate
	shock, or heert fellure. I.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause one cause on one cause on one cause on one cause on one cause on one cause on one cause on one cause on one cause on one cause on one cause on one cause on one cause on one cause on one cause one cause on one cause on one cause on one cause on one cause on one cause on one cause on one cause on one cause on one cause on o	lac 6	we	<i>f</i>			Interval Between Onset and Deeth
CERTIFICATION	Sequentisily list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury the initiated events resulting in deeth) LAST	DUE TO (OR AS	A CONSEQUENCE OF	100 200 100 100	Clira	to vus	cula	-disease
EDICAL (	PART II. Other significant conditions	s contributing to death	but not resulting	In the unde	rlying cause given in	Part I. 24a. WAS AI PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
Σ								1 TYES 2 NO
PHYSICIAN:								
2	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	26. PLACE DF DEATH (C	heck only one)		
ΥS	1 VES 2 NO 27. MANNEB OF DEATH	1 ☐ Inpatient 2 ☑ ER/Out  28a, DATE OF INJURY			Home 5 Residence	8 Other (Specify)	II. II.IOV 0.001III	F0.
ВУ РН	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)		IURY	c. INJURY AT WORK?  YES 2 NO	26d. DESCRIBE HOW	INJUNY OCCUR	EU
8	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJUR building, etc. (Sp.		street, factory,	offica	261, LOCATION (Street City or Town, State		Rural Route Number,
COMPLET	(Check only	CIAN: To the best of my kno						suse(a) and menner as stated.
	296. SIGNATURE AND STILL OF CHAPPED	V -			29¢. LICENSE NU	IMBER	29d, DATE S	GNED (Modth, Day, Year)
TO BE	Mellin	mn		2	026	806	× 4	11/90
	Hen West	DOCUMPLETED CAUSE OF D	610 C	akl	4-11 An	1 Hay	polar	mMD
1	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	MATURE WINDS	Luc				2110

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	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.	FHE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral lied within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.
	SSP	JNE.
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31. DATE FILED (Month, Day, Year)

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- 4	1. DECEDENT'S NAME (First, Middle, Les	BIBLE I	va Mav	Dibble		2. OATE OF OEA	OAY Y	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER		(In yrs. lest birthda		IF UNDER 24 HRS.	7. DATE OF BIRT		BIRTHPLACE (State or Foreign
	218-56-8251		() YRS	MONTHS DAYS	HOURS MIN.	(Month, Day, Ye	er)	Country)
l	9a. FACILITY NAME (If not institution, give		0		OR LOCATION OF OE		7,1899	Maryland Y OF DEATH
						sin	1	
	Mallard Bay	Nursing Hon	ne	Camb	ridge		1 Der	chester
1 11	10a. STATE 10b. COUN	ITY	10c. 0	CITY, TOWN OR LOCA	TION			10d. INSIDE CITY LIMITS?
	Maryland Do	rchester		Cambri	dae			1X YES 2 NO
- 116	10e. STREET AND NUMBER				. ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?
FUNERAL	520 Glenburn	Avenue			21613		1 11	S
5	11. MARITAL STATUS	12. WAS DECEDENT EVER			CENDENT OF HISPANI		fy Yea or No — 14	I. RACE - American Indian,
1	1 Never Married 2 Marriad 3 Wildowed 4 Divorced	FORCES? 1 YES			ecify Cuban, Mexican 2 X NO Specify:		c.)	Specify: White
5 H	15. DECEDENT'S EL		16a. DECEDENT	I'S USUAL OCCUPATE	ON	16b. KIND O	F BUSINESS/INDUS	STRY
	(Specify only highest gra Elamentary/Secondary (0-12)	College (1-4 or 5 +)	life, Do NO	of work done during mo use retired.)	ost of working			
	6	,	Но	memaker				
COMPLEIE	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAM	AE (First, Middle, M	laiden Surname)	
u	William	Robbins			Mar	tina R	obbins	
ا ۵	19a. INFORMANT'S NAME (Type/Print)		19b. MAILI	NG A OORESS (Street a				ode)
임	Phillip S. Di	bb1e	208	Meteor	Ave Apt	. 507		
	20a. METHOD OF DISPOSITION	20	0b. PLACE OF OISI	POSITION (Name of ce			oc. LOCATION — Cit	ty or Town, Stata
	1 M Burial 2 ☐ Cremation 3 ☐ Re 4 ☐ Donation 5 <sub>g</sub> ☐ Other (Specify)	moval from Stata	other place) Sandi	Island	Cemeter	., 1	Robbins	МА
	21, SIGNATURE JUNERAL SERVICE	UCENSEE .		22. NAME A	ND ADDRESS OF FAC	ILITY T'DOI	nac Fun	eral Home
	· W . T/	lan .		700	Toquet 9	11101	mbridae	, Md. 2161
	23. PART Enter the disesses, o	r complications that cause	ad the death D					
		e. Liat only one cause on		o not enter tha mo	oda or dying, such	aa cerdiac or	reapiratory arrea	intervai Betw
	iMMEDIATE CAUSE (Final disesse or condition	0 -000						Onaat and D
	resulting in death)	SEPSIS DUE TO (OR AS						
- 17								
- 11		DUE TO (OR AS	A CONSEQUENCE	OF):				
5		b. DECUBIT	TUS (	LLCER		-		
ATION	Sequentielly list conditions, if any, leeding to immediate	DUE TO (OR AS  DUE TO (OR AS	TUS (	OF):	714			45005
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TIFICATION	Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING	b. DECUBITO OR AS  c. SEVILE  OUE TO (OR AS	A CONSEQUENCE	LLCER EMEN	TIA			400RS
ш	Sequantielly list conditions, if any, leeding to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  C. SENILE  OUE TO (OR AS  d. AT HEPE	A CONSEQUENCE	LLCER EMEN	TIA			400RS
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CIAN: MEDICAL CE	Sequentielly ilst conditions, if any, leeding to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS  C. SENILE OUE TO (OR AS  d. ATHERE	A CONSEQUENCE  A CONSEQUENCE  S C L C	LCER OF: OF: OF: POS (S) OTHER	g cause given in t	Pi 1 🗆 Y	ERFORMED?	24b. WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?
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TED BY PHYSICIAN: MEDICAL CE	Sequantielly list conditions, if any, leeding to immediate cause. Entar UNDERLYING CAUSE (Disease or injury thet initiated events resulting in death) LAST  PART II. Other significant conditions are successful to the condition of the condition o	DUE TO (OR AS  c. SENILE  OUE TO (OR AS  d. ATHEPL  ons contributing to death  HOSPITAL:  1   Inpatient 2   ER/OU  28a. PLACE OF INJURY (Month, Day, Year)  28a. PLACE OF INJURY building, etc. (Sp	A CONSEQUENCE  A CONSEQUENCE  A CONSEQUENCE  D S C L C  but not resultir  utpatient 3 □ DOI  28b.  RY — At home, fam.	COF:  COF:	LACE OF DEATH (Che ne 5   Rasidenca JURY AT ORK? YES 2   NO	Pill I I I I I I I I I I I I I I I I I I	Y)  Street and Number of State)	24b. WERE AUTOPSY FINDI AMAILABLE PRIOR TO COMPLETION OF CAUTO OF DEATH?  1  YES 2 NO
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E COMPLETED BY PHYSICIAN: MEDICAL CE	Sequantielly list conditions, if any, leeding to immediate cause. Entar UNDERLYING CAUSE (Disease or injury thet initiated events resulting in death) LAST  PART II. Other significant conditions are successful to the condition of the condition o	DUE TO (OR AS  c. SENILE OUE TO (OR AS  d. AT HEPE  Ons contributing to death  HOSPITAL: 1   Inpatient 2   ER/OU  28a. DATE OF INJURY (Month, Day, Year)  28a. PLACE OF INJURY (Sp. PLACE OF INJURY) (Sp. PLACE OF INJURY) (Sp. PLACE OF INJURY) (Sp. PLACE OF INJURY) (Month, Day, Year)  On 10   10   10   10   10   10    YSICIAN: To the best of my kno	A CONSEQUENCE  A CONSEQUENCE  A CONSEQUENCE  D S C L C  but not resultir  utpatient 3 □ DOI  28b.  RY — At home, fam.	COF:  COF:	LACE OF DEATH (Che ne 5   Rasidenca JURY AT ORK? YES 2   NO	Pill I I I I I I I I I I I I I I I I I I	y)  HOW INJURY OCCU  Street and Number of State)  Individual to the	24b. WERE AUTOPSY FINDII AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  1  YES 2 NO  RED
COMPLETED BY PHYSICIAN: MEDICAL C	Sequentielly ilst conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST  PART II. Other aignificant conditions are all the conditions of the cond	DUE TO (OR AS  c. SENILE OUE TO (OR AS  d. AT HEPE  Ons contributing to death  HOSPITAL: 1   Inpatient 2   ER/Ou  28a. DATE OF INJUR (Month, Day, Year)  28a. PLACE OF INJUR building, etc. (Sp	A CONSEQUENCE  A CONSEQUENCE  A CONSEQUENCE  S C L (  but not resultir  stpatient 3 DO/  ( 28b.  SY — At home, fam.	28. P  OTHER  A 4 Mursing Hor  TIME OF  INJURY  M  Urred at tha time, data ation, in my opinion,	LACE OF DEATH (Che ne 5   Raeldenca JURY AT ORK? YES 2   NO to	Pill I I I I I I I I I I I I I I I I I I	y)  HOW INJURY OCCU  Street and Number of State)  Individual to the	24b. WERE AUTOPSY FINDI AMAILABLE PRIOR TO COMPLETION OF CAUSO OF DEATH?  1  YES 2 NO  RED  Red  Red  Red  Rural Route Number,

32. REGISTRAJIS SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

DHMH-16 Rev 1/89

FOR STATE REGISTRAR

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	1. OECEDENT'S NAME (First,		a Dan Je	ssie S	pence	r Diag	S		2. DATE OF D	EATH DA	v	YEAR	3. TIME OF DEA	ATH
ľ	JESSU	E	SPENCE	R	DU	1-6-50			3	2-5		0	225	AM
- 1	4. SOCIAL SECURITY NUME	BER	5. SEX	8. AGE (In yrs. la:	st birthday)	IF UNDER 1 YEA	R IF UNDE	R 24 HRS.	7. DATE OF BI	IRTH	Ì		PLACE (State or I	Foreign
	217-28-2101		1 - M 2 X F	67	YRS.	MONTHS DAY	8 HOURS	MIN.	(Month, Day,	-2-	3	Countr	·	
	9a. FACILITY NAME (If not in		reet and number)			9b, CITY, TOW	N OR LOCAT	ION OF DEA				Mary MTY OF D	land	
DIRECTOR	Frederick			1 د		Frede					Fr	eder	ick	
5			_		1							1-111-1		
2	10a. STATE	10b. COUNTY			10c. CITY	r, TOWN OR LO	CATION						10d. INSIDE CIT	ΓY
	Maryland		aryland		F	rederi							1 YES 2	
¥.	10e, STREET AND NUMBER						101. ZIP COD						HAT COUNTRY?	
<u> </u>	5916 Bart	onsvil	le Road				217	01			U.	S.	Α.	
FUNERAL	11. MARITAL STATUS		12. WAS DECEDENT FORCES? 1	EVER IN U.S. AF	MED NO	13. WAS	DECENDENT	OF HISPANI	C ORIGIN? (Sp	ecify Yes	or No-	14. RACE Black	- American Inc.	dlan,
BY	1 Never Married 2		IF YES, GIVE WA			10	rES 2 NO	Specify:	, Puarto Rican,	, 0.0.,		Speci		
		- 1					7				!	B1a	ck	
MPLETED		EDENT'S EDUC y highest grade o		(0	live kind of v	USUAL OCCUP		ing	16b. KIND	OF BUS	INESS/INC	USTRY		
<u> </u>	Elementary/Secondary (0	)-12)	College (1-4 or 5+)	III	. Do NOT us	e retired.)			0.1					
P P					Domes	гіс				ean				
8	17. FATHER'S NAME (First, M								AE (First, Middle		,			
w	James Leo	Spenc	er				B	eatri	.ce Sus	an l	Jorse	y		
<b>#</b>	19a. INFORMANT'S NAME (7	Type/Print)		19	b. MAILING	ADDRESS (Stre	et and Numbe	er or Rural A	oute Number, Ci	ity or Town	n, State, Zip	Code)		
影	Charles Dio	9.5		5	916 в	artons	ville	Rd.,	Frede	ricl	k, Mo	. 2	21701	
	20 METHOD OF DISPOSIT	ION		20b. PLACE	OF DISPOS	SITION (Name o					CATION —			
	1 Burial 2 Crematic		oval from Stata	Res		n Memo	rial	Garde	ns	Free	derio	k, N	larylan	d
	21. SIGNATURE OF FUNERA	L SERVICE LIC	ENSEE	1		22. NAM	AND ADDR	ESS OF FAC	MI ITV				al Home	
	Sharo	w Ca	mille	lle	w	162	1 Оро	ssumt					ek, Md.	
	23. PART I. Enter the d					not enter the	mode of d	ylng, such	as cerdiec	or respl	ratory en	rest,	Approxi	
	Shock, or h		List only one caus	e on aach lin	n.									Batween nd Death
	disease or condition		. ACUTE	AP	MAT	MI	- SV	14 NS	10N				HOUI	RI
	resulting in deeth)			OR AS A CONSE			270						1,00	
-														
MEDICAL CERTIFICATION	Sequentially list condit if any, lesding to imme		OUE TO (	OR AS A CONSE	OUENCE O	F):								
S	cause. Enter UNDERLY	ING	n.										ļ	
Ĕ	CAUSE (Disease or Injuthat Initiated events	Jry	OUE TO (	OR AS A CONSE	OUENCE O	F):								
F	resulting in deeth) LAS	ET .	d											
2	DART II OAL II - III				***							1		
AL	PART II. Other eignifice		-		-	in the under			Part I. 24a	PERFOR	AUTOPSY MED?	246	. WERE AUTOPSY AVAILABLE PRIO	OT PO
음	DIABETS	_ کے	MUL	TIPLE		272	ILUS	7.7	×	YES 2	□ NO		OF DEATH?	F CAUSE
핗										-			1   YES 2	NO
														`
PHYSICIAN:	25. WAS CASE REFERRED T	O MEDICAL					. PLACE OF	DEATH (Che	ick only one)					
S	1 TES 2 NO		HOSPITAL:	ER/Outpatient	3 🗆 DOA	OTHER:	Home 5 🗆 !	Rasidenca	6 Other (Spi	ecity)				
Ŧ	27. MANNER OF DEATH		28a. OATE OF		28b, TIM	E OF 28c	INJURY AT		26d. DESCRIE	BE HOW I	NJURY OC	CURED		
	7-1	Pending Investigation	(Month, Da	y, rear)	IN	M 1	WORK?	□ NO						
BY	2 Accident 3 Suicide	-	26a. PLACE OF	INJURY - At h	ome, farm,	street, factory,	office		261. LOCATIO			or Rural	Route Number,	***
	4 Homicide	Could not be detarmined	building, a	itc. (Specify)					City or To	wn, State)				
	29a. CERTIFIER	TIEVING BUV	Olani, Za aka ta aka ta	man beautiful and			4-4-1							
A P	One)		CIAN: To the best of a										.\d	s atata d
COMPL			R: On the basis of ax		veatigatio	, iii iiiy opinic			1112710411414	hines, sc				
BE (	29b. SIGNATURE AND TITLE	E OPTERTIFIER	MA				29c. Li	CENSE NUM	IBER		29d. OAT	E SIGNED	(Month, Day, Yea	er)
10	Sta	uar	1 1-11								P	> ~ 2	5-70	
F	30. NAME AND ADDRESS O	F PERSON WHO		E OF DEATH (IT	EM 27) (Type	Print)	WILL.	h	e 11	1711		21	5-90	
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	31. DATE FILED (Month, Day,	Year)	32. REGISTRAI	R'S SIGNATURE	4	, v-cn	7736		- "				, - 1	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mous after to THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or remova IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical arms

OR TATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	<b>MENTAL HYGIENE</b>
EGISTRAR	CERTIFICATE OF DEATH	REG. NO.
EDENT'S NAME (First Middle I ant)		2 DATE OF DEATH

1 - FOR STATE REGISTRAR	STATE OF MAR		ENT OF HEALTH AND	MENTAL HYGIENE REG. NO.		
1. DECEDENT'S NAME (First, Mic	TEPHEN G	. Dyps.	Ki	2. DATE OF DEATH DAY	- 1990	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER  2/6-/6-8/2  88. FACILITY NAME (If not institu	5. SEX  1 M 2 F  Rition, give street and number)	64 YRS. MOI	UNDER 1 YEAR IF UNDER 24 HRS. ITHS DAYS HOURS MIN. CITY, TOWN OR LOCATION OF D	7. DATE OF BIRTH (Month, Day, Year)	2.5 Se. COUNTY OF E	MD.
HO9 5. 6	DENT	AVE.	BALTIMORE			
MD.	b. COUNTY	BAL	TI MORE			10d. INSIDE CITY LIMITS? 1 YES 2 NO
	ELLWOOD.	AVE.	2122	4	10g. CITIZEN OF	S.A.
11. MARITAL STATUS  1 Never Married 2 Me  3 Widowed 4 Divorce	I IF YES, GIVE WAR O	R DATES	13. WAS DECENDENT OF HISPA If yes, specify Cuban, Mexico 1 — YES 2 NO Specif	an, Puerto Rican, etc.)	or No.— 14. RAC Blac Spec	E — American Indian, ik, White, etc.
	ENT'S EDUCATION sheat grade completed) College (1-4 or 5+)	16a. DECEDENT'S USU (Give kind of work life, Do NOT use re	done during most of working tired.)	STATA		
17. FATHER'S NAME (First, Middle)	DYPSKI	024711		AME (First, Middle, Melden S ELINE D		
19a. INFORMANT'S NAME (Type	DYPSKI	6385	DECKER /	Poute Number, City or Town	State, Zip Code)	1D. 21224
20a, METHOD OF DISPOSITION  1 Burial 2 Cremation  4 Donation 5 Other (Sp.  21, SIGNATURE OF EUNERAL S	ecity)	20b. PLACE OF DISPOSITION OTHER PIECE	ON (Name of cometery, cremetory or	EM. BA	LTO.	CO. MD.
Phone	s J. Afac	la-pi	SKARDA F.	4. 2829	HUDSON	J 57.
	ases, of complications that can tailure. List only one cause of a. Cardio-I DUE TO (OR			ch as cardiac or respi	atory arrest,	Approximata Interval Between Onset and Desth  14 hours
Sequentially list condition if any, leading to immedia cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	te due to (or	AS A CONSEQUENCE OF):	ced adenocal	rcinoma o	f lung	6 montl
	conditions contributing to dea bstructive Pu			Part I. 24a. WAS AN PERFOR 1 TYES 2	MED?	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 TNO
25. WAS CASE REFERRED TO A EXAMINER?	HOSPITAL:	_   0	28. PLACE OF DEATH (C			
t Yes 2 NO  27. MANNER OF DEATH  1 Netural 5 Per		JRY 28b. TIME O	Nursing Home 5 Kesidence F 28c. INJURY AT WORK? M 1 YES 2 NO	6 ☐ Other (Specify)  28d. DESCRIBE HOW II	JURY OCCURED	
3 Suicide 8 Co	estigation  28e. PLACE OF IN. building, etc.	JURY — At home, farm, stre- (Specify)		281. LOCATION (Street a City or Town, State)	and Number or Rural	Route Number,
(Crieck Urily 11	VING PHYSICIAN: To the best of my					(s) and manner as stated.
29b. SIGNATURE AND TITLE OF	K Tool	uns h	29c. LICENSE NI D 0 4 9 0 5	UMBER		D (Month, Day, War)
	erson who completed cause of Medical Cent			21229		
31. DATE FILED (Month, Day, You MAR 2	2 9 90 32. REGISTRAPIS	signature la Davidson-Ran	dell			

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours are	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the study within 2 haurs after death with the State hent of Health and Mental Horiene prior to burial, cremation, or remain	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical
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	FOR 1 - STATE REGISTRAR		STATE OF I		CERTIF					MICIA	REG. NO			
į,	1. DECEDENT'S NAME (First,	Middle, Last)	_		4						ATE OF OEATH			3. TIME OF DEATH
	В	ert F.	Davis							l w	ONTH \$3	W23	YEAR O	310 m
	4. SOCIAL SECURITY NUMBE		5. SEX	6. AGE (In yrs	s. Inst birthday)	IF UNDER	1 YEAR	IF UNDER	R 24 HRS.		ATE OF BIRTH			HPLACE (State or Foreign
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<u> </u>	10a. STATE	10b, COUNTY	1		10c. CIT	Y, TOWN C	R LOCAT	TION						10d. INSIDE CITY
DIRECTOR	Maryland	Princ	e George		Lai	rel								LIMITS?
<u> </u>	10e. STREET AND NUMBER		-0 000 530				101	ZIP COD	E			10g. CITI	IZEN OF	WHAT COUNTRY?
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7	Grade 12				lanage	L					Beer Di	strik	buto	rship
COMPLETED	17. FATHER'S NAME (First, Min	ddle, Last)						16. MOT	HER'S NA	AME (FI	rst, Middle, Maide	Sumame)		
	Isadore Fra	nk						So	vrah		lunkow	n)		
BE	19a. INFORMANT'S NAME (Ty				19b. MAJLIN	ADDRESS	S (Street a	_			Number, City or To		o Code)	
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1	20s. METHOD OF DISPOSITI	ON	-	20b. PL	ACE OF DISPO							DCATION -		
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ici.	1. SIGNATURE OF FUNERAL		CENSEE			22,	NAME A	ND ADDRE	ESS OF FA	ACILITY	1			
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32. REGISTRAN SSIGNATURE
Julia Davidson-Randelle

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DIRECTOR	RESIDENCE OF DECEDENT		1					Ξ
2	10s, STATE 10b, COUNTY	i		10c. CITY	, TOWN OR			
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×	10e. STREET AND NUMBER		$\supset i$			101. ZIP CODE		
FUNERAL	13217 Mt. CA	meh	12d.			2110	3 3	
5		12. WAS DECEDENT   FORCES? 1	YES 2 N			S DECENDENT OF H		
BY	1 Never Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAS		5			Spec#y:	
0	7,000		I in the		<u> </u>			_
ш	15. DECEDENT'S EDUCA (Specify only highest grade of	ompleted)	/G/A		vork done duri	UPATION ing most of working		
Ä	Elementary/Secondery (0-12)	College (1-4 or 5+)			mer	,		
COMPLET	17. FATHER'S NAME (First, Middle, Last)			HE	mer			_
	17. PATHER'S NAME (PIRST, MIDDIO, LIIST)	17 50	10.0			16. MOTHER		
BE	19a. INFORMANT'S NAME (Type/Print)	toN E	VSOR				50	-
2	190. INFORMANT'S NAME (TypesPrint)	10 1	. 190	MAILING		Street and Number or	Hurai H	1
	200 METHOD OF DISPOSITION	4agms		117		Aw M:11	CA	
	Burial 2 Cremation 3 Remov	ral from State	Blac	D D D		of cometery, cremeto netery	ory or	
	4 Donetion 5 Other (Specify)	1055	Diaci	K KOC				_
		NSEE			22. NA	ME AND ADDRESS	OF FAC	.00
					934	4 S. Mair	n St	
	23. PART I. Enter the diseases, or co	mplications that	caused the de	ath. Do n	ot antar th	na mode of dying	, such	1
	ahock, or heart fallure. Li iMMEDIATE CAUSE (Final	st only one cause	D ON BECH line.			1		
	disease or condition		once	54:	44	Near	7	
	resulting in deeth) a.	DUE TO (C	OR AS A CONSEC	UENCE OF	-):		`	-
z			0					
2	Sequentially list conditions, if eny, leading to immediate	DUE TO (C	OR AS A CONSEC	UENCE OF	·):			_
CA	cause. Enter UNDERLYING CAUSE (Disease or Injury							
E	that initiated events	DUE TO (C	OR AS A CONSEC	UENCE OF	ን:			
ERTIFICATION	resulting in death) LAST d.							
O	PART II. Other algnificant conditions	contributing to d	leath hut not	equiting !	in the and	ariving cause civ	on in f	_
CAL	Maria agrinoun conditiona	outinouting to 0	The sale in the in	January	-1	errymig cause gry	on III I	1
ā	Matr	emma,	- Aow	ien	1:00			_
M								_
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	26. PLACE OF DEA	TH (Che	C
YSI	1 TYES 3 HO	1  Inpatient 2		□ DOA		ng Home 5 🗆 Resid	dence t	8
PHYSICIAN:	27. MANNER OF DEATH	28e. DATE OF III (Month, Day)	NJURY (, Year)	28b. TIM	E OF 25	Sc. INJURY AT WORK?		**
ВУ	2 Accident 5 Pending Investigation					1 YES 2   P	10	
	3 Suicide S Could not be	28e. PLACE OF building, et	INJURY — At hor tc. (Specify)	me, farm, s	street, factory	y, office		**
1	4 Homicide determined							
P	290. CERTIFIER CERTIFYING PHYSIC	IAN: To the best of m	ny knowledge, der	ath occurre	ed at the time	e, date end place, et	nd due	to
COMPLETED	one) 2 MEDICAL EXAMINER	On the beele of exe	mination end/or i	nvestigatio	n, in my opin	nion, death occured	at the t	ţii
	296. SIGNATURE AND TITLE OF CERTIFIER					29c. LICENS	SE NUM	-
BE								ĺ
0	1	-	1	ro		1	33	١

'90

30. NAME AND ADDRES

31. DATE FILED (MODIFIED TO YE

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 2. DATE OF DEATH 3. TIME OF DEATH 7 35/A MM 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign 64 9c. COUNTY OF DEATH CAIRO 10d. INSIDE CITY LIMITS? 1 TYES 2 NO 10g. CITIZEN OF WHAT COUNTRY? SA 14. RACE — American Indien, Black, White, atc. ORIGIN? (Specify Yee or No Puerto Ricen, atc.) Specify: 18b. KIND OF BUSINESS/INDUSTRY EARMIN (First, Middle, Meiden Surname) ite Number, City or Town, State, Zip Code) whiteHall md 21161 20c. LOCATION — City or Town, State Butler, Md. Eline Funeral Home ., Hampatead, Md. 21074 as cardiac or respiratory arrast, Approximata interval Between Onset and Death ZYLow art i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TYES 2 NO 1 YES 2 NO k only one) ☐ Other (Specify) 284 DESCRIBE HOW INJURY OCCURED 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) CERTIFIER (Check only one)

2 DESCRIPTION OF THE DE 2 MEDICAL EXAMINER: On the beele of exemination end/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(a) and menner ee stated.

29c. LICENSE NUMBER

33165

21111

Handas

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAL'S SIGNATURE

29d. DATE SIGNED (Month, Day, Year)

5

BALTIMORE, MARYLAND 21203-3146

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may in THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, pube filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 28 is marked, or Hem 23 shows any Injury, or other traumatic event, the medical examiner must in no DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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		STATE OF THE STATE OF
	Appendix .	September 1
	ACCOUNT AND	STATE OF THE PARTY
	ACCRECATION AND ADDRESS OF THE PERSON AND AD	STATE STATE
	ACTIVITY AND	STORES DE
	ACTIVITY CAN	STITE STATE
	ACTIVITY (ACTIVITY)	STREET, STREET
	ACCRECATION OF THE PARTY OF THE	CHEST CONTRACT OF
	ACTIVITY CALL	
	ACTIVITY CALL	

	FOR 1 - STATE REGISTRAR	STATE OF MARYL			HEALTH AND I	MENTAL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH DO	AY YEAR			
	DON  4. SOCIAL SECURITY NUMBER	CHARLES  5. SEX 6. AGE	(In yrs. last birthday)	ECKHOLD	_	MARCH 28,	DISTRICT OF STREET			
	526-42-3190		54 YRS.	MONTHS DAY		DECEMBER 2	8, <del>1935</del>	mmy) Florida		
	9s. FACILITY NAME (If not institution, give			100	OR LOCATION OF DE		9c. COUNTY OF			
5	NIH, CLINICAL	CENTER		В	ETHESDA		MONT	GOMERY		
DIRECTOR	10a. STATE 10b. COUNT	TY .	10c. CIT	TY, TOWN OR LO	ATION			10d. INSIDE CITY		
		RFAX	A	NNANDAL				1 TES 2 XNO		
FUNERAL	100. STREET AND NUMBER 5114 STONE HAVE	N DRIVE			22003			F WHAT COUNTRY?		
	11. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 1 1 YES	N U.S. ARMED		ECENDENT OF HISPAN	NIC ORIGIN? (Specify Ye	or No.— 14. R/	ACE — American Indian,		
2	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 4 YES			specify Quban, Mexica ES 2 XNO Specifi			eck, White, etc.		
3	15. DECEDENT'S EDI (Specify only highest grad	UCATION le completed)	16a, DECEDENT'S	S USUAL OCCUP/	TION most of worldna	16b, KIND OF BU	SINESS/INDUSTRY	,		
	Elementary/Secondary (0-12)	College (1-4 or 5+) 5+		work done during see retired.)		CORPOR	RATION			
MOO!	17. FATHER'S NAME (First, Middle, Last) DONALD ECKHOLDT					ME (First, Middle, Maiden	Surname)			
1	190. INFORMANT'S NAME (Type/Print) MRS. BETTY F. EC	KHOLDT (WIFE		G ADDRESS (Street		Route Number, City or Tow	m, State, Zip Code)			
	20a. METHOD OF DISPOSITION 1 Disposition 3 Res	20	b. PLACE OF DISPO	SITION (Name of	cemetery, crematory or	20c. LC	CATION — City or	Town, Stata		
	4 Donation 5 Other (Specify)				IA CREMAT		INGTON,	VIRGINIA		
	21. SUGNATURE OF HUNERAL SURVICE L	Tank	ah)	DE		ERAL HOMES VIRGINIA				
	23 PART i. Enter the diseases, Dr							Approximete		
	iMMEDIATE CAUSE (Finei disease or condition resulting in desth)	e. Seud	omona.	s se	otic s	hock		interval Between Onaet and Death 3-3-90		
CEMINICATION	Sequentielly list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	- Lumpi	A CONSEQUENCE	def		mme sc	ippress:	3-3-96 Sina 83'		
AL	PART II. Other significent condition	ons contributing to death	but not resulting	in the underly	ing cause given in		AUTOPSY RMED?	24b. WERE AUTOPSY FINGINGS AWAILABLE PRIOR TO		
MEDIC						AT YES	2 NO	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
						_		1   123 2   NO		
HYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one)  HOSPITAL: OTHER:									
2	t YES 2 NO 27. MANNER OF DEATH	28a. DATE OF INJURY	28b. Til	ME OF 28c.	ome 5 Residence	6 Other (Specify)  28d. DESCRIBE HOW	INJURY OCCURE	)		
BY	1 Netural 5 Pending 2 Accident Investigation				WORK7 YES 2 NO					
3 Suicide B Could not be determined 28. Could not be determined 28. PLACE OF INJUST — At nome, farm, street, factory, office City or Town, State) 28. LOCATION (Street and Number or Flural Houte Number, City or Town, State)										
COMPLE	Torieck orny	SICIAN: To the best of my kno NER: On the bests of examinat						se(a) and manner as stated.		
O BE C	29b. SIGNATURE AND TITLE OF CERTIFI	( har	MD		29c. LICENSE NU	3P304	29d, DATE SIG	NED (Month, Dey, Year)		
	30. NAME AND ADDRESS OF PERSON W	COMPLETED CAUSE OF D			LLE PIKE,	BETHESDA,	MARYLAI	ND 20892		
	31. DATE FILED (Month, Day, 16ar)  ADD 02 390	32. REGISTRAR'S SIG	MATURE	02						
	71.17	- (7						DHMH-16 Rev 1/89		

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Merital Hygleine prior to burlal, cremation, or removal.	8 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: "	TO THE FUNERAL DIRECTOR; After this certifical be filed within 72 hours after death with the Sta	IMPORTANT: If Item 28 is marked, or ite

JOHN

31. DATE FILED (Month, Day, Year)

APR 0 9 90

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE Pulia Davidson Randall

JONE

										10 11052
		FOR 1 - STATE REGISTRAR	STATE OF M		DEPARTM ERTIFICA			MENTAL HYGIEN	_	
		1. DECEDENT'S NAME (First, Middle, Last) EDMAY AG	ATHA	EUR	OPE			2. DATE OF DEATH DOWNTH D		3. TIME OF DEATH 2:49 AM
		4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. les	t birthday) IF I	UNDER 1 YEAR THS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	22	BIRTHPLACE (State or Foreign Country)
1	1	216-04-8374 NAME (If not institution, give st	'\	66		CITY TOWN	OR LOCATION OF DE	5/3/1	9c. COUNTY	Guyana
DIRECTOR		WASHINGTON RESIDENCE OF DECEDENT	n.	WICOMERY						
JEC	1	10e. STATE 10b. COUNTY			10c. CITY, TO	WN OR LOCAT	TION			10d. INSIDE CITY
		Maryland Mont	gomery		Sil	zer Sp	ring			YES 2 NO
FUNERAL		3320 Parkford Man		sident						
BY FUN	- 14	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2 TH		If yes, sp		IIC ORIGIN? (Specify Yen, Puerio Ricen, etc.)	e or Ng— 14.	RACE — American Indian, Black, White, atc. Specify: Black
G		15. DECEDENT'S EDUC (Specify only highest grade			CEDENT'S USU			16b. KIND OF BU	SINESS/INDUS	TRY
		Elementery/Secondary (0-12)	College (1-4 or 5+)	- Ilda	ive kind of work of Do NOT use ret	ired.)	ast or working			
COMPL		1/12	4 Years	R	egister	ced Nu		Hospi		
		17. FATHER'S NAME (First, Middle, Last)					200 10000	ME (First, Middle, Meiden	Sumame)	
R		Joseph Fllock  190. INFORMANT'S NAME (Type/Print)		19	b. MAILING ADO	DRESS (Street )	Ethel	Parris Route Number, City or Tov	vn. State. Zin Co	(ia)
2		Auriol Europe			3320 Pa	arkfor	d Manor	Terrace S.	S.Md.	
		20e. METHOD OF DISPOSITION  1  Burial 2  Cremation 3  Ramo 4  Donation 5  Other (Specify)	oval from Stata	20b. PLACE other pl Geo	of disposition of the dispositio	N (Name of ce Shingt	on Cemetory or	ery Ad	elphi,	y or Town, State Md •
O CANA		21. SIGNATURE OF THERAL SERVICE LIC	Einste	eh.		Hine	S/Rinald:		S MA	
		23. PART I. Entar Ma disesses, or c								
		shock, or heart failure. I				ARRI	=17			Interval Between Onset and Daath
		resulting in death)	OUE TO	OR AS A CONSE	OUENCE OF):	11165	Gera	port Ma	18	
CERTIFICATION		n only, radoning to minima diata	DUE TO	OR AS A CONSE	OUENCE OF):	10100	Targo -	70		
FI		CAUSE (Disease or injury that initiated events	P1	OR AS A CONSE	OUENCE OF):					
ERT		resulting in death) LAST	s							
5	- 11	PART II. Other significant condition	s contributing to	death but not	resulting in th	na undarfyin	g causa given in		N AUTOPSY RMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
MEDICAL								1 YES		COMPLETION OF CAUSE OF DEATH?
WE										1 TYES 2 NO
Z										
PHYSICIAN:		25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		01	26. P	LACE OF DEATH (Ch	eck only one)		
ZS		1 PES 2 NO 27. MANNER OF OEATH	1 the Inpatient 2   28a. DATE OF			Nursing Hor	ne 6 - Reeldence	6 Other (Specify) 28d. DESCRIBE HOW	ALLIEN OCCU	250
BY Pt	- 4	1 Natural 5 Pending 2 Accident Investigation	(Month, De		INJURY	W	YES 2 NO	280. DESCRIBE NOW	INJUNY OCCU	NEO .
2 0		3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE Of building,	F INJURY — At he etc. (Specify)	ome, farm, atree	t, factory, offic	DO:	261, LOCATION (Street City or Town, State		Rurel Route Number,
COMPLET		29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSI								couse(e) and manner se stated.
Ē W	ı	29b. SIGNATURE AND TITLE OF CERTIFIER	1				29c. LICENSE NU		29d. DATE S	SIGNED (Month, Day, Year)
10 B	1	30 NAME AND ADDRESS OF PERSON WH	Jona	PE OF OFATH ITE	100	-41	D 315	72	1 4/	6/90

7610 CARROCC AU TAKOMA

MO

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner

	FOR  1 - STATE REGISTRAR	STATE OF MARYL		TMENT OF H		MENTAL	HYGIEN REG. NO.	Ε .		11000	
	1. DECEDENT'S NAME (First, Middle, Last) ORPHA	usan ESHLE	,	IOATE OF	DEATH	2. DATE O		y ve	3. 1	10:35 A	
	4. SOCIAL SECURITY NUMBER 213-48-6667	37	(In yrs. last birthday) 98 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. OATE O (Month, 1-28	F BIRTH Day, Year) 3-1892	90.7	BIRTHPLAC Country) Mary1	end	
OR	ea. FACILITY NAME (If not institution, give str Citizens Nursi			96. CITY, TOWN	CICK	EATH		9c. COUNTY Frede	OF OEATH		
DIRECTOR	nesidence of decedent 10a. STATE 10b. COUNTY Maryland Fred	erick		y, town on Loca rederick	TION					. INSIDE CITY LIMITS? YES 2 NO	
FUNERAL	100. STREET AND NUMBER  4 East Church S	treet		1.0	21701			USA	OF WHAT	COUNTRY?	
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 _ YES IF YES, GIVE WAR OR D	2 X NO	If yes, sp	ENDENT OF HISPAI ecity Cuben, Mexico 2 NO Specif	en, Puerto Ri		or No- 14.	RACE — / Black, Wh Specify:	American Indian, lita, etc.	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)		(Give kind of life. Do NOT u	usual occupati work done during me se retired.)	set of working	16b. (	CIND OF BUS	SINESS/INDUST	TRY		
BE COM	17. FATHER'S NAME (First, Middle, Last) Henry Jacob Wesley			16. MOTHER'S NAME (First, Middle, Melden Surname)  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX							
10	Robert Owen		105 1	E. Patr	eick St	Route Numbe	e der	ick,	Md.	21701	
ď	20e. METHOD OF DISPOSITION  1  Burlel 2  Cremation 3  Remo	ovel from State	ob. PLACE OF DISPO	sition (Name of ce vet Cen	metery, cremetory or netery			cation — city ederi			
	21. SIGNATURE OF FUNEBAL SERVICE DO Richard E.	Cos of	55	Z2. NAME A Keer 106	no address of Family & B. E. Chu	esfor asfor	d Fu	neral red.	Hor Md 2	ne 21701	
	23. PART I. Enter the diseases, or cahock, or heart fellure. I	List only one cause on		y c	leg,	ch as cardi	ac Dr reap	ratory arreat	,	Approximata Interval Between Onset and Deeth	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	<u> </u>	A CONSEQUENCE O								
PHYSICIAN: MEDICAL C	PART II. Other algoliticant condition	a contributing to death	ntributing to death but not resulting in the underlying cause given in Part I.						24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
SICIAN	25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1  YES 2 NO										
BY PHY	27. MANNER OF DEATH  1 Natural 8 Pending 2 Accident Investigation	M 1 🗆	JURY AT ORK? YES 2 NO		d. DESCRIBE HOW INJURY OCCUREO						
	3 Suicide 6 Could not be determined	25e. PLACE OF INJUR building, atc. (Sp	28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify)  28f. LOCATION (Street a City or Town, State)						Rural Route	Number,	
COMPLETED	anal	CIAN: To the best of my kno R: On the besis of axaminati							ause(s) sn	d manner as stated.	
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WH	Xy Ju	DE STU (ITEM OF CO.	S. dust	29c. LICENSE NU	JMBER		29d. DATE S	IGNED (Mo	onth, Day, Year)	

700 Montclaire Ave., Fred. Md. 21701

WHO COMPLETED CAUSE OF OEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE who Davidson-Randall

Hughes, M.D.

Robert S.

MAR 26 1990

OMPLETED BY FUNERAL DIRECTOR

E	P	9
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral of the study compared o	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examine
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SH.	J. P.	en en
AL	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fire quarter of the department of the company of	= =
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE REGISTRAR		STATE OF I	MARYLAND			HEALTH AI			YGIEN EG. NO				
1. DECEDENT'S NAME (First	Middle ! ast)				JAIL O	DEATH		2. DATE OF I	_			3. TIME OF DE	ATH
NORRIS	G.	ELLI	nm.					MONTH	D		YEAR	11.000	AIR
4. SOCIAL SECURITY NUM		5. SEX				1		Apri.		, 19	_	7:00	A
A STATE OF THE STA		100	6. AGE (In yrs. I		IF UNDER 1 YEAR MONTHS DAYS	* · · · · · · · · · · · · · · · · · · ·	HRS. WIN,	7. DATE OF E (Month, De	( Year)		8. BIRT	HPLACE (State or try)	Foreign
214-32-5	-	1 📉 M 2 🗆 F	83	YRS.				09 1	4 0	_		yland	
9a. FACILITY NAME (If not in					96. CITY, TOW	OR LOCATION	OF DE	ATH		9c. COU	NTY OF I	DEATH	
621 S. Wa		ton St	reet		Easto	n				Та	1bo	t	
10a. STATE	10b. COUNTY	,		10c. CIT	Y, TOWN OR LOC	ATION						10d. INSIDE C	TY
Maryland	Talk	oct		E	aston							LIMITS?	NO.
10e. STREET AND NUMBER						10f. ZIP CODE	_			10a. CIT	IZEN OF	WHAT COUNTRY	
621 S. Wa	ahina	ston Ct	naah			2160	0.1						
	ISILLIE	12. WAS DECEDER									.S.		
11. MARITAL STATUS 1 ☐ Never Married 2 🔀 3 ☐ Widowed 4 ☐ Dive	RMED NO	It yes,	ECENDENT OF H specify Cuban, N ES 2 X NO	Maxicar	n, Puarto Ricar		or No—	Spec	E — American ir ck, White, atc. city:	idlan,			
15. DEC	EDENT'S EDU	CATION	16a. D	ECEDENT'S	USUAL OCCUPA	TION		16b. KIN	D OF BU	SINESS/IN		1200	-
(Specify on Elementary/Secondary (	y highest grade	completed) College (1-4 or 5		Give kind of the Do NOT us	work done during se retired.)	most of working							
10	14)	onings (1-4 DL 2		eter	dept.			11+	i 1 i	tipe	5 00	ommiss	ion
17. FATHER'S NAME (First, A	liddle, Lest)		Atte		acpt.	16 MOTHER	2'S NA*	ME (First, Middl				JIIIIII D D	1011
Samuel E		Ellia-											
9a. INFORMANT'S NAME (		ETITO					-	Gree	_				
			,			and Number or							
Mary M.						shingt		St.,					01
20a, METHOD OF DISPOSIT	ION 4	9/90 oval from State	20b. PLAC	E OF OISPO	SITION (Name of	cemetery, cremato	ory or		20c. LO	CATION -	City or T	own, State	
Donation 5 🗆 Other	(Specify)		_ Spri	ng H	ill Ce	meter	У		Eas	ston	, M	arylar	ıd
21. SIGNATURE OF FUNERA	L SERVICE LIC	LG 14 II	CF	SP	Newn	and Address	ner	cal Ho	ome				
23. PART I. Enter the d shock, or h IMMEDIATE CAUSE (FI	eert fellure.	Liet Dnly one ca	use Dn eech lir	10.	not antar tha r		, auch	as cardiac	or resp	iratory e	Test,		imate Between
diseese or condition	<u> </u>	CERE	BROVAS	SCULI	R F	CC 1.DI	30	TS				3 VB	ARS
resulting in death)			(OR AS A CONS					, -			* 4	1	
Sequentielly liet conditions, leeding to immediate. Enter UNDERLY	diate	DUE TO	(OR AS A CONS	EOUENCE O	F):				-				
CAUSE (Disease or injuthet initiated events		c. OUE TO	(OR AS A CONS	EOUENCE O	F):								
recuiting in deeth) LAS	T .	d											
PART II. Other signific	ent condition	s contributing to	deeth but not	resulting	in the underly	ing ceuse give	en in	Part I. 24	. WAS AN	AUTOPSY	24	b. WERE AUTOPS	/ FINDINGS
									PERFO			AVAILABLE PRI-	
								-   11	YES 2	KNO		OF DEATH?	
								_				1   YES 2 [	NO
25. WAS CASE REFERRED 1 EXAMINER?	O MEDICAL	HOSPITAL:			26. OTHER:	PLACE OF DEAT	TH (Che	ock only one)					
1 TYES 2 NO		1 Inpatient 2	☐ ER/Outpatient	3 DOA		ome 5 KResid	Senca	s 🗆 Other (Sp	ecity)				
27. MANNER OF DEATH		26a. DATE O	F INJURY Day, Year)	26b. TIN	E OF 28c.	NJURY AT WORK?		28d. DESCRI	BE HOW	NJURY O	CURED		
	Pending investigation	(month,	ony, rousy	1144	M 1	YES 2 N	10						
2 Accident 3 Suicide 6 4 Homicide	Could not be determined	28e. PLACE ( building	OF INJURY - At I	nome, farm,	street, factory, or	fice		28f. LOCATIO	N (Street wn, State,	and Number	er or Rural	Route Number,	
29a. CERTIFIER (Check only	TIFYING PHYSI	CIAN: To the best of	f my knowledge,	death occurr	ed at the time, d	ate and place, ar	nd dua	to the cause(a	) and ma	nner as st	ned.		
and .	ICAL EXAMINE	R: On the basis of	examination and/o	r investigatio	on, in my opinior	, death occured	at the	time, data and	piece, a	nd due to	he cause	(a) and menner a	s stated.

M.D

D00250

415 E. Dover St., Easton MD

Callum R.

W. Bain,

M.D.

▶ 4/6/90

D THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Z4 hours after death. Page 6 may be retained by the hospital or attending physician.	HE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in which have been signed to use as the burial-transit permit. Pages 1. 2, 3 should be detached for use as the burial-transit permit. Pages 1. 2, 3 should be detached for use as the burial-transit permit. Pages 1. 2, 3 should be detached for use as the burial-transit permit. Pages 1. 2, 3 should be detached for use as the burial-transit permit. Pages 1. 2, 3 should be detached for use as the burial-transit permit. Pages 1. 2, 3 should be detached for use as the burial-transit permit. Pages 1. 2, 3 should be detached for use as the burial-transit permit.	ed, or item 23 shows any injury, or other traumatic event, the medical traminer must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be ex	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the standard within 29 hours after death, with the Stan Den of Health and Minnal Honison prior to hard	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traum:

		_		ERTIF	IOAII	L OF	DEA			REG. NO.			
1. DECEDENT'S NAME (Firs	it, Middle, Last)								2. DATE	OF DEATH	Υ	YEAR	3. TIME OF DEATH
Stanto	n Reed I	Friend								ch 25,		-	4:25 A.
4. SOCIAL SECURITY NUM	1001	5. SEX	8. AGE (In yrs. la	st birthday)	IF UNDER		IF UNDER		7. DATE	OF BIRTH		e. BIRTHI	PLACE (State or Foreign
215-36-976	52	1 Ҕ҈( M 2 ☐ F	84	YRS.	MONTHS	DAYS	HOURS	MIN.	5-2	1-1905		Mary	land
In. FACILITY NAME (If not	institution, give stre	et and number)			9b. CIT	r, TOWN C	R LOCATION	ON OF DE	EATH		9c. COU	NTY OF DE	ATH
Dennett Rd.	Manor	Mursing	Home			O	aklar	nd		_	Ga	rret	t
RESIDENCE OF DE	CEDENT 10b. COUNTY			I as on									
		-11		10c. CIT	Y, TOWN								10d. INSIDE CITY LIMITS?
Maryland 100. STREET AND NUMBER	Garr	ett			Frie	ends							1 YES 2 NO
						101	ZIP CODI	E			10g. CITI	ZEN OF W	HAT COUNTRY?
Route 1, Bo	-							215			US		
11. MARITAL STATUS 1 Never Married 2		12. WAS DECEDENT FORCES? 1	YES 2							N? (Specify Yea Rican, atc.)	or No —	14. RACE Black,	- American Indian, White, etc.
3 Widowed 4 Div	rorced	IF YES, GIVE WA	R OR DATES			1 TES	3)∰\NO	Specify	y:			Specif	
15. DE	CEDENT'S EDUCA	TION	16a, Di	ECEDENT'S	USUAL C	CCUPATIO	N.		168	. KIND OF BUS	INESS/INC		white
(Specify or Elementary/Secondary (	nly highest grade co	College (1-4 or 5+)	(0	Bive kind of a. Do NOT u	work done	during mo		g					
12	[0-12]	College (1-4 or 5+)		rmin	~					r.	armin		
17. FATHER'S NAME (First, I	Middle, Last)		Tu	TIME	4		18. MOTI	HER'S NA	ME (First.	Middle, Maiden		0	
Bruce	Friend									ie Umbe			
19a. INFORMANT'S NAME	(Type/Print)		15	b. MAILING	ADDRES	S (Street a	nd Number			ber, City or Town		Code)	
Edna V. Fri													
20a. METHOD OF DISPOSI			20b. PLACE						Lenas	sville		City or Tox	
1 St Burial 2 Cremati	tion 3 🗆 Remov	rel from State	other p	lace)				naiory or					,
21. SIGNATURE OF FUNER.	. , ,,	NSEE	ASTIE	r Gla	22	NAME AN	D ADDRE	SS OF FA	CILITY	IFTIE	enesv	ille	. MD
1 1 4	2	1			N	MW M	in Fu	mera	al Ho	omes, E	.A.		
23. PART I. Enter the	ma	Phune								21536			
iMMEDIATE CAUSE (Fi	OR AS A CONSE	y an	rest	<u></u>									
Sequentially list condi if any, leading to immo cause. Enter UNDERLY CAUSE (Disesse or inj that initiated events resulting in deeth) LA:	itions, ediata YiNG jury  b.	DUE TO (	OR AS A CONSE										
if eny, leeding to immoduse. Enter UNDERLY. CAUSE (Disease or inj that initiated events resulting in deeth) LA: PART II. Other signific	itions, ediata YING Jury ST d.	DUE TO (	OR AS A CONSE	OUENCE C	OF):		y cause :	given in	Part I.	24s. WAS AN PERFOR	MED?	246.	WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 AMO
if sny, leeding to immocause. Enter UNDERLY CAUSE (Disease or inj that initiated events resulting in deeth) LA:  PART II. Other significations of the same of the	itions, ediata ying gury st d. c. d. d. c.	DUE TO (	OR AS A CONSE	OUENCE C	OF):	nderlyin			Part I.	PERFOR	MED?	24b.	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
if eny, leeding to immocause. Enter UNDERLY CAUSE (Disease or inj that initiated events resulting in deeth) LA:  PART II. Other signific  Almost	itions, ediata ying c. ST d. d. Cant conditions	DUE TO (	OR AS A CONSE	FOURNCE C	in the u	nderlying 20. PI	ACE OF D	EATH (Ch	neck only o	PERFOF	MED?	24b.	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
if sny, leeding to immocause. Enter UNDERLY. CAUSE (Disease or inj that initiated events resulting in deeth) LA:  PART II. Other significations of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the significant of the signifi	itions, ediata ying c. ST d. d. Cant conditions	DUE TO (  DUE TO (  COntributing to c  CONTRIBUTION TO C  CONTRIBUTION	OR AS A CONSE	resulting	OTHE 4 1 Number of	26. PI	ACE OF D	EATH (Ch	seck only o	PERFOR	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
if smy, leeding to immocause. Enter UNDERLY. CAUSE (Disease or inj that initiated events resulting in deeth) LA:  PART II. Other signific death LA:  25. WAS CASE REFERRED EXAMINER?  1 VES 2 VMO  27. MANNER OF DEATH  1 Netural 5	itions, ediata ying lury st d. c. d. d. conditions d. c. d.	DUE TO (	OR AS A CONSE	resulting	in the u	26. PI	ACE OF D	EATH (Ch	seck only o	PERFOR	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
if sny, leading to immocause. Enter UNDERLY. CAUSE (Disease or inj that initiated events resulting in deeth) LA:  PART II. Other signific demands of the day of the d	itions, ediata YING Jury d. c. d. d. conditions  TO MEDICAL  Pending Investigation	DUE TO (  DUE TO	DR AS A CONSE	resulting  3 □ DOA  28b. Till	OTHE U	26. PI	ACE OF D  • 5 - R  URY AT  RK?  (ES 2 [	EATH (Ch	8 Oth	PERFOR	NJURY OC	CURED	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
if smy, leeding to immocause. Enter UNDERLY. CAUSE (Disease or inj that initiated events resulting in deeth) LA:  PART II. Other signific deeth LA:  25. WAS CASE REFERRED EXAMINER?  1 VES 2 VMO  27. MANNER OF DEATH  1 Netural 5 2 Accident	itions, ediata ying lury st d. c. d. d. conditions d. c. d.	DUE TO (  DUE TO	OR AS A CONSE	resulting  3 □ DOA  28b. Till	OTHE U	26. PI	ACE OF D  • 5 - R  URY AT  RK?  (ES 2 [	EATH (Ch	s Oth	PERFOR  1 YES 2  ne)  or (Specify)  SCRIBE HOW I	NJURY OC	CURED	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
If sny, iseding to immicause. Enter UNDERLY CAUSE (Disease or in) that initiated events resulting in deeth) LA:  PART II. Other signification of the control	itions, ediata ying lury at the second conditions of the second conditi	DUE TO (  DUE TO	Jeath but not  ER/Outpetient  NJURY  ( 'ber')  INJURY — At h	resulting  3 □ DOA  28b. Till IN	OTHE 42 Nu ME OF JURY M atreet, fec	2e. Pt TE: raing Hom 26c. INJ ctory, office	ACE OF D  o 5 Re URY AT RK? YES 2 [  and place eath occu	EATH (Ch	8 Oth 28d. DE 28f. LOC	PERFOR  1 YES 2  ar (Specify)  SCRIBE HOW I  CATION (Street i or Town, State)	NJURY OC	CURED  or or Rural R  ted.	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 AND  Oute Number,
If eny, leeding to immicause. Enter UNDERLY CAUSE (Disease or inj that initiated events resulting in deeth) LA:  PART II. Other signific  Dig d dig  25. WAS CASE REFERRED EXAMINER?  1  YES 2	itions, ediata ying lury at the second conditions of the second conditi	DUE TO (  DUE TO	Jeath but not  ER/Outpetient  NJURY  ( 'ber')  INJURY — At h	resulting  3 □ DOA  28b. Till IN	OTHE 42 Nu ME OF JURY M atreet, fec	2e. Pt TE: raing Hom 26c. INJ ctory, office	ACE OF D  o 5 Re URY AT RK? YES 2 [  and place eath occu	BEATH (Chinesidence NO No	s Oth 28d. DE 28f. LOC City 1 to the ca	PERFOR  1 YES 2  ar (Specify)  SCRIBE HOW I  CATION (Street i or Town, State)	NJURY OC	CURED  or or Rural R  ted.	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 AMO  Outle Number,  and manner as stated.  (Month, Day, Year)
If eny, leeding to immicause. Enter UNDERLY. CAUSE (Disease or inj that initiated events resulting in deeth) LA:  PART II. Other signific  Dig d dig  25. WAS CASE REFERRED EXAMINER?  1   YES 2   WAD  27. MANNER OF DEATH  1   Metural 5   2   Accident  3   Suicide   4   Homicide  29a. CERTIFIER (Check only one) 2   MEI	itions, ediata ying lury and conditions cond	DUE TO (  DUE TO	DR AS A CONSE  Jeath but not  ER/Outpetient  INJURY  INJURY  At hitc. (Specify)  my knowledge, d  aminstion and/or	resulting  3 DOA 28b. Till IN ome, farm,	OTHE 42 Nu ME OF JURY M atreet, fec	2e. Pi	ACE OF D  o 5 Reverse	NO NO NO NO NO NO NO NO NO NO NO NO NO N	s Oth 28d. DE 28f. LOC City 1 to the ca 1 time, dat	PERFOR  1 YES 2  ar (Specify)  SCRIBE HOW I  CATION (Street i or Town, State)	NJURY OC and Number	CURED  or or Rural R  ted.	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 AND  Oute Number,

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to bunial, cremation, or removal.
MPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

8

	FOR	STATE OF MAR	VI AND /	DEDADT	MENT OF L	IEAITH AND I	MENTAL L	JVCIENI			11000
	1 - STATE REGISTRAR	SIAIE OF MAIL			CATE OF			REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last	n Mary	Johan	o FI	SHER		2. DATE OF MONTH	DEATH DA		EAR	TIME OF DEATH
	MARY JO	HANA F	ISHE	12			4	13		90	5:07 A. M
1	4. SOCIAL SECURITY NUMBER		GE (In yrs. last		F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, D	BIRTH ay, Yoar)	6.	Country)	ACE (State or Foreign
-	220-10-5183	1 🗆 M 2 🗱	88	YRS.	ONTHS DATE	HOUNG WIN.	(Month, Di	28,1	902	Mary	land
	9a. FACILITY NAME (If not institution, give			-		OR LOCATION OF DE	EATH		9c. COUNT		
DIRECTOR	Frederick Me	morial Hospi	ital		Fre	derick				Frede	rick
티	RESIDENCE OF DECEDENT  10s. STATE  10b. COUN	(TV		10c CITY	TOWN OR LOCA	TION				10	d. INSIDE CITY
<u> </u>		rederick			Frederi						LIMITS?
	10e. STREET AND NUMBER	ZCGCZION				. ZIP CODE			10a, CITIZE		T COUNTRY?
RA	13 East 13	th Street			17	21701				J.S.A	1000
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVI	ER IN U.S. ARI	MED	13. WAS DEC	ENDENT OF HISPAN		Specify Yes		BACE -	American Indian
	1 Never Married 2 Married	FORCES? 1 Y	ES 2	10	If yes, sp	ecity Cuban, Mexica	in, Puerto Rice			Black, W Specify:	Thite, etc.
B⊀	3 Widowed 4 Divorced				1	- Aller opening	,			ореолу.	White
입	15. DECEDENT'S EC (Specify only highest gra	OUCATION ade completed)	(GA	ve kind of wo	SUAL OCCUPATI	ON ost of working	16b. KI	ND OF BUS	SINESS/INDUS	TRY	
	Elementary/Secondary (0-12)	College (1-4 or 5+)	life.	Do NOT use	retired.)			**			
MP	5			Hom	emaker			H	ome		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	aa Tuna Ca	andro com	<b>L</b>		18. MOTHER'S NA				1.	
B		as June Ca					llie	B.	Fog		
2	19a. INFORMANT'S NAME (Type/Print)				distribution of the	and Number or Rural				7.1	
	Mrs. Viola F. Ah		_			Street,	rreder				
	20a METHOD OF DISPOSITION 1 2 Burlel 2 Cremation 3 Re	movel from State	other pla	ice)	non (Name of ce Memoria	metery, cremetory or			CATION — CH		
	4 Donation 5 Other (Specify)  21, SIGNATURE OF FUNERAL SERVICE	LICENSEE	Fleue.	IICK .		ND ADDRESS OF FA	ACILITY	PL	edelli	or a	Maryland
	A CO				Keene	v & Basf	ord P	A. F	unera	1 Hon	ne, 21701
	ALVV.					,	020 2				
	Man		V.		106 E	ast Chur	ch St	ceet,			Md.
	23. PART I. Enter the diseases, o shock, or heart fellur	r complications that car	ed the de	ath. Do no	106 E	ast Chur	ch St	ceet,			Approximate
	ahock, or heert fellur IMMEDIATE CAUSE (Finel		ed the de	ath. Do no	106 E	ast Chur	ch St	ceet,			
	ahock, or heart fellur	e. List only one course.	and the decine	eth. Do no	106 E	ast Chur	ch Str	ceet,			Approximate interval Between
	ahock, or heert fellur IMMEDIATE CAUSE (Finel disease or condition	e. List only one course.	as a consec	eth. Do no	106 E	ast Chur	ch Str	ceet,			Approximate interval Between
ON	immediate cause (Finel disease or condition resulting in death)  Sequentially list conditions,	aDUE TO (OR	as a consec	eth. Do no	106 E	ast Chur	ch Str	ceet,			Approximate interval Between
ATION	ahock, or heert fellur IMMEDIATE CAUSE (Finel disease or condition reaulting in death)	aDUE TO (OR	AS A CONSEC	DUENCE OF:	106 E	ast Chur	ch Str	ceet,			Approximate interval Between
FICATION	ahock, or heert fellur IMMEDIATE CAUSE (Finel disease or condition reaulting in death)  Sequentially list conditions, if arry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	a	AS A CONSEC	OULMOUNCE OF:	106 E t enter the mo	ast Chur	ch Str	ceet,			Approximate interval Between
RTIFICATION	ahock, or heert fellur IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	a	as a consecutive as a c	OULMOUNCE OF:	106 E t enter the mo	ast Chur	ch Str	ceet,			Approximate interval Between
CERTIFICATION	shock, or heert fellur IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a	as a consecutive as a c	OULMOUNCE OF:	106 E t enter the mo	ast Chur	ch Sti	ceet,	ratory arres	st,	Approximate interval Between Onset and Death
	ahock, or heert fellur IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditi	a	AS A CONSECUTION OF THE PROPERTY OF THE PROPER	ath. Do no	106 E	east Chur node of dying, suc ≺ ∠n√n	ch Sti	ceet,	AUTOPSY	24b. Wi	Approximate interval Between Onset and Death Onset and Death
	ahock, or heert fellur IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditi	a	AS A CONSECUTION OF THE PROPERTY OF THE PROPER	ath. Do no	106 E	east Chur node of dying, suc ≺ ∠n√n	Ch Str ch es cerdiad	ceet,	AUTOPSY	24b. W	Approximate interval Between Onset and Death Onset and Death
	ahock, or heert fellur IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditi	a	AS A CONSECUTION OF THE PROPERTY OF THE PROPER	ath. Do no	106 E	east Chur node of dying, suc ≺ ∠n√n	Ch Str ch es cerdiad	c or respi	AUTOPSY	24b. W	Approximate Interval Between Onset and Death Onset and Death ERE AUTOPSY FINDINGS AILLABLE PRIOR TO MOMELTION OF CAUSE
	ahock, or heert fellur IMMEDIATE CAUSE (Finel disease or condition reaulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions	a. DUE TO (OR DUE TO (OR d. DUE TO (OR DUE TO)))))))))	AS A CONSECUTION OF THE PROPERTY OF THE PROPER	ath. Do no	106 Et enter the mo	iast Chur pde of dying, suc control	Part I. 2	c or respi	AUTOPSY	24b. W	Approximate interval Between Onset and Death Onset and Death
	ahock, or heert fellur IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	a. DUE TO (OR DUE TO (OR d. DUE TO (OR DUE TO)))))))))	AS A CONSECUTION OF THE PARTY O	ath. Do no	106 Et enter the mo	east Chur node of dying, suc ≺ ∠n√n	Part I. 2	c or respi	AUTOPSY	24b. W	Approximate interval Between Onset and Death Onset and Death
	ahock, or heert fellur IMMEDIATE CAUSE (Finel disease or condition reaulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST  PART II. Other significant conditi	a	AS A CONSECTION OF THE PARTY OF	DUENCE OF:	106 Et enter the me	east Chur ade of dying, suc and the control of the	Part I. 24	ta. WAS AN PERFOR	AUTOPSY MED?	24b. Wilder AM CCC OH	Approximate interval Between Onset and Death Onset and Death
PHYSICIAN: MEDICAL	ahock, or heert fellur IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	a. DUE TO (OR DUE TO (OR d. DUE TO (OR DUE TO)))))))))	AS A CONSECUTION OF THE PARTY O	ath. Do no	the underlying 28. FOTHER:	east Chur ode of dying, suc ode of dying, suc ode of grant of the control of the	Part I. 24	ta. WAS AN PERFOR	AUTOPSY	24b. Wilder AM CCC OH	Approximate interval Between Onset and Death Onset and Death
BY PHYSICIAN: MEDICAL	ahock, or heert fellur IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO.  27. MANNER OF DEATH 1 Natural 5 Pending Investigation 2 Accident	a. DUE TO (OR DUE TO (	AS A CONSECTION OF THE PARTY OF	ath. Do no	the underlying the Nursing Hole Fig. 1   Sec. 18   Nursing Hole Fig. 1   Sec. 18   Nursing Hole Fig. 1   Sec. 18   Nursing Hole Fig. 18	de of dying, such de of dying, such de of dying, such de of dying, such de of dying, such de of dying and discourse de of de of dying and discourse de of de of dying and discourse de of dying and discourse de of dying and dyin	Part I. 24	ta. WAS AN PERFOR	AUTOPSY MED?	24b. William AM COLON 1	Approximate interval Between Onset and Death  ERE AUTOPSY FINDINGS AILABLE PRIOR TO DEPLETION OF CAUSE F DEATH?  YES 2 NO
BY PHYSICIAN: MEDICAL	ahock, or heert fellur IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO.  27. MANNER OF DEATH  1 Natural 5 Pending	DUE TO (OR DUE TO (OR	AS A CONSECTION OF THE PARTY OF	ath. Do no	the underlying the Nursing Hole Fig. 1   Sec. 18   Nursing Hole Fig. 1   Sec. 18   Nursing Hole Fig. 1   Sec. 18   Nursing Hole Fig. 18	de of dying, such de of dying, such de of dying, such de of dying, such de of dying, such de of dying and discourse de of de of dying and discourse de of de of dying and discourse de of dying and discourse de of dying and dyin	Part I. 24  1 Part I. 24  28d. DESCR	ta. WAS AN PERFOR	AUTOPSY MED?	24b. William AM COLON 1	Approximate interval Between Onset and Death  ERE AUTOPSY FINDINGS AILABLE PRIOR TO DEPLETION OF CAUSE F DEATH?  YES 2 NO
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COMPLETED BY PHYSICIAN: MEDICAL	ahock, or heert fellur IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions EXAMINER?  1 YES 2 NO.  27. MANNER OF DEATH 1 Natural 5 Pending 1 Nestigation 3 Suicide 6 Could not in determined  29s. CERTIFIER (Check only one) 2 MEDICAL EXAM	a. DUE TO (OR DUE TO (	AS A CONSECTION AS A CONSECTIO	ath. Do no	the underlying 28. POTHER:  Nursing Holing William 1 at the time, dat	g cause given in  LACE OF DEATH (C/	Part I. 24  Description of the control of the contr	da. WAS AN PERFOR YES 2	AUTOPSY MED?  NJURY OCCU	24b. Will AM AM AM AM AM AM AM AM AM AM AM AM AM	Approximate interval Between Onset and Death  ERE AUTOPSY FINDINGS ANLABLE PRIOR TO MOPLETION OF CAUSE F DEATH?  YES 2 NO  to Number,
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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

MD

32. REGISTRAR'S SIGNATURE

Dr. Richard L.
31. DATE FILED (Month, Day, Year)

APR 1 6 1990

19 Frederick Street, Walkersville, Md. 21793

TO BE COMP	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT: It liem 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
al.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
he funeral director, page 5 should be detached	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached
ir death. Page 6 may be retained by the hosp	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificiae be executed within; ours after death. Page 6 may be retained by the hosp
BALTIMORE, MARYLAND	DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	1 - STATE REGISTRAR	STATE OF N			ITMENT ICATE					IYGIENE REG. NO.			
	1. DECEOENT'S NAME (First, Middle, Las JESSE SHOWA		FER, M.	D.					2. DATE OF MONTH		5	YEAR 3	. TIME OF DEATN 4:30 AM
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las		IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF	BIRTN		. BIRTHPL	ACE (State or Foreign
	216-46-2088	1 💢 M 2 🗌 F	9	1 YRS.	MONTHS	DAYS	HOURS	MIN.	10/18	7/189	3	Vir	ginia
	9a. FACILITY NAME (If not institution, giv	e street and number)	-		9b. CITY,	TOWN O	R LOCATIO	N OF DE			9c. COUNT		
5	Homewood Reti	rement Cer	nter		Fre	eder	ick				Fre	deri	ck
2	RESIDENCE OF DECEDENT	UTV		T 40- 017	Y, TOWN O		1011						
DINECTOR		rederick					ION					_ 1	od. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER	rederick		Т	redei	_	ZIP CODE				10a CITIZI		X YES 2 NO
FUNERAL	207 Meadowdal	e Tane					21701						AT COOKTATE
	11. MARITAL STATUS		T EVER IN U.S. AF	RMED	13. 1				IIC ORIGIN? (S	Specify Yee		S.A.	- American Indian,
BY	1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2	NO	- 1	f yes, spe		, Mexicar	n, Puerto Rica			Black, Specify:	White, etc.
3	15. DECEDENT'S E		18a. DI	ECEDENT'S	USUAL O	CUPATIO	N .		16b. KJ	ND OF BUS	NESS/INDU	STRY	
<u></u>	(Specify only highest gra Elementary/Secondary (0-12)	College (1-4 or 5	66	aive kina of b. Do NOT u	work done o se retired.)	unng mo	st of working	g					
COMPL		<b>x</b> 2 <b>x</b> + 9	+	Phys	iciar	1							
3	17. FATNER'S NAME (First, Middle, Last)						- G1		ME (First, Midd	-	1000		
, L	Charles Frede	rick Fifer						_	. Show				
5	190. INFORMANT'S NAME (Type/Print)		19						Route Number,				
	Jay S. Fifer								rt Fr				
	20a, METNOD OF DISPOSITION 1 Burlet 2 Cremation 3 Re	emoval from State	20b. PLACE other p	(ana)	. Oli						ATION C		
	4 Donetton 5 Other (Specify)	LICENSEE_ /I	1	IIL			D ADDRES			F.	eder	ick,	PID
	Bolut C)	tailey)	6		Ro	ber	t E.	Dail	ley &				omes, PA D 21701
ON	23. PART I. Enter the diseases, o shock, or heert feilur IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions,	s. DUE TO	ise on each lin	OUENCE									Approximate Interval Between Onset and Deeth
3	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	c											
CERTIFICATION	that initiated events resulting in deeth) LAST	_ d	(OR AS A CONSE	OUENCE (	PF):								
- 4	PART II. Other significant condit	ions contributing to	desth but not	resulting	in the un	derlyin	cause g	iven in	Part I. 24	la. WAS AN		24b. V	VERE AUTOPSY FINDINGS
ZA										PERFOR			WAILABLE PRIOR TO COMPLETION OF CAUSE
MED									_   '	YES 2	NO NO		OF DEATH?
									_			'	120 2 110
4	25. WAS CASE REFERRED TO MEDICAL					26. PI	ACE OF D	EATN (Ch	eck only one)				
	EXAMINER?  1 YES 2 NO	HOSPITAL:	ER/Outpetlent	3 DOA	OTHER Nur	R: aing Nom	e 5 🗆 Ra	sidenca	6 🗆 Other (S	(pecify)			
PHYSICIAN	27. MANNER OF DEATN  1 Natural 5 Pending	28e. DATE Of (Month, D		28b. TIR		28c. INJ WO			28d. DESCR		JURY OCC	JRED	
D BY	2 Accident Investigation 3 Suicide 8 Could not	28e. PLACE C	OF INJURY At h atc. (Specify)	ome, farm,	street, fact				28f. LOCATE	ON (Street a Rown, Stete)	nd Number (	or Rural Ro	ute Number,
	4 Homicide determined												
COMPLEIED	anal -	YSICIAN: To the best of a											and manner as stated.
2	29b. SIGNATURE AND TITLE OF CERTIF	FIER (			-		29c. LICE	NSE NUA	MBER		29d. DATE	SIGNED (/	Month, Day, Year)
[ מ	() ()	12/1	-11-									16/90	
2	30. NAME AND ADDRESS OF PERSON		11	VE 341									
	A. Austin Pe			300 1	West	9th	Stre	et	Frede	rick,	MD :	21701	<u>l</u>
	APR 1 6 1990	the Day door	Asian	•									
	2												DHMH-18 Rev 1/89

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hysician.	urial-transit p	
н attending р	use as the b	
the hospital of	detached for	once.
e retained by	s S should be	notified at
зде 6 тау ъ	director, page	er must be
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-flours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages he filed within 72 hours after death with the State Dect. of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
vithin 25 hours	emation, or re	ent, the med
be executed w	clan and comport to burial, c	aumatic ev
ath certificate	ttending physical tal Hygiene pri	, or other to
es that the de	gned by the a	s any injury
The law requir	ite has been si	em 23 show
3 PHYSICIAN:	or this certification with the Sta	arked, or its
OR ATTENDING	MRECTOR: After	em 28 is m
E HOSPITAL G	E FUNERAL D	RTANT: IL IL
TH CL	THT OT	IMPO

REGISTRAR		CE	RTIFIC	ATE OF	DEATH		REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last) George	Martin		Fire	אנ		1.00	orth, or 4,	1990	YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (in yrs. lest		F UNDER 1 YEAR	IF UNDER 24 HRS.	7. D/	ATE OF BIRTH		8. BIRTI	HPLACE (State or Foreign
215-36-6802	1 × M 2 - F	69	YRS.	ONTHS DAYS	HOURS MIN.	Mo	Nonth, Day, Year)	920	Mar	yland
9a. FACILITY NAME (If not institution, give s	treet end number)		9		OR LOCATION OF D	PEATH			JNTY OF I	
11533 Hessong B	ridge Rod	ad		Thur	mont				Fred	lerick
10a. STATE 10b. COUNT	Y		10c. CITY,	TOWN OR LOCA	ATION					10d. INSIDE CITY
Maryland Fred	erick		TI	hwrmon	t					LIMITS?
10e. STREET AND NUMBER				- 10	Of. ZIP CODE			10g. CI1	TIZEN OF	WHAT COUNTRY?
11533 Hessong					2178	88		u.	S. A	. •
11. MARITAL STATUS	12. WAS DECEDEN FORCES? 1	T EVER IN U.S. ARI	MED		CENDENT OF HISPA			or No—	14. RAC	E — American Indian, ck, White, etc.
1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE W	WAR OR DATES			S 2 NO Speci		, , , , , ,		Spec	
15. DECEDENT'S EDU (Specify only highest grade				SUAL OCCUPAT			16b. KIND OF BU	SINESS/IN	IDUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5	+) /// /// /// /// /// /// /// /// /// /	Do NOT use i	retired.)						
		Fa	rmer		,		Own far			
17. FATNER'S NAME (First, Middle, Last)							irst, Middle, Malden			
Zacharius Firor							Isanogle			
19a. INFORMANT'S NAME (Type/Print)					and Number or Flural					
Addie R. Firor								_		ld. 21788
20a, METHOD OF DISPOSITION  1 Burial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	other pla	ice)		emetery, crematory or				- City or T	
21. SIGNATURE OF FUNERAL SERVICE LI		- 1 134.14.14.								
21. SIGNATURE OF FUNERAL SERVICE LI	CENTEE	A	Ricard		AND ADDRESS OF F		ſ	mona	, Ma	ryland
21. SIGNATURE OF PUNERAL SERVICE LI	CENTEE	, 1	- Kreage	Stau	and address of F	eral	l Home			
Sharon (	aniel	e al	en	Stau 104	AND ADDRESS OF F Sfer Fund East Mair	eral	l Home treet, T	hwrm	nont,	
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32. REGISTRAR'S SIGNATURE RANDAR

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ding physician. 3-3146

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FOR 1 - STATE REGISTRAR	STATE OF MA	RYLAND / DEPA CERTII		HEALTH ANDE DEATH	ID MENTA	L HYGIENE REG. NO.	20 1	1039
1. DECEDENT'S NAME (First, Middle, Last	Freese	ERNST	FREES		MONT	30	90 030	OF OEATH3:UK
4. SOCIAL SECURITY NUMBER 021-32-8411 90. FACIP PREDERFION	1 X M 2   F	AGE (in 6.4 st birthda) 64 yrs.	MONTHS DAY		9	127/25	BIRTHPLACENT Country)	RMANY nuny usseldor
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8300 Whitma	IF YES GIVE WAR OR DATES 1 VES 2 M NO Specific							
3 Wildowed 4 Divorced								HITE h. KE
15. DECEDENT'S ED (Specify only highest grant Elementary/Secondary (0-12)  17. FATHER'S NAME (TEXAMOR) Last)	College (1-4 or 5+)	(Give kind o	s usual occur of work done dudon Generally III i entirt	ST of working	16	BIOLOSY	N.I.H	
17. FATHER'S NAME (TELLAND Last)	Freese			18. MOTHER	led o	JAIO Maitor ON OPE		
KATHERINE	BICK		SAME	AS IT	EM #	nber, City or Town, Sigte, Zip 10	Code)	
20a. METHOD Q5-OISPOSITION 1		20b. PLACE OF OISP other place) CHAM	BERS	CREMATO	DRY	RIVERDA	ALE, M	D
21. SIGNATURE OF FUNERAL SERVICE I	kamben	<b>Д</b> мооо		E AND ADORESS O		SILVE:		NG, MD. 20910
23. PART I. Enter the diseases, o shock, or heart failure immediate CAUSE (Final disease or condition resulting in death)	a. List only one cause INTR  INTR  DUE TO (O)	On each line. ACEREBRA Leve or a.  RAS A CONSEQUENCE	L HEM Hemo	ORRHAGI whay C NIC LYI	м <b>рнос</b>	diac or reapiratory arm	in O	pproximata tarval Between neat and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (O	T LYMPI R AS A CONSEQUENCE R AS A CONSEQUENCE	OF):	Leuke	mia			
DART H. Osh	d.				- 1- 8-41	24a. WAS AN AUTOPSY	1	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH	ons contributing to de	sact but not resultin	g in the under	ying cause give	n in Part I.	PERFORMEO?  YES 2 NO	AWAILAB COMPLE OF DEAT	UTOPSY FINDINGS LE PRIOR TO THON OF CAUSE TH?  ES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	R/Outpatient 3 🗆 DOA		8. PLACE OF DEAT		1 C 100 C 10		
1 Not treatment 2   Learning	28a. DATE OF IN (Month, Day,	JURY 28b. 1	FIME OF 28c	Home 5 Reside  INJURY AT WORK?  YES 2 No	28d. DE	er (Specify) ESCRIBE HOW INJURY OCC	CURED	
3 Suicide a Could not b 4 Homicide determined	28a, PLACE OF I	NJURY — At home, farm :. (Specify)	m, street, fectory,	office		CATION (Street and Number y or Town, State)	or Rural Route Nur	nber,
control of the contro						suse(s) and manner as stat is and piece, and due to th		inner as stated,
296. SIGNATURE AND TITLE OF CERTIF	d Jones			29c. LICENSI	451	▶.3	SIGNED (Month,	90
JOHN E. JANIK	M.D. FI	OF DEPT ROLF 27 M	150± N 1 W.	7th 5+	ST.,	FREDERICK	MD.	21701

32. REGISTRAR'S SIGNATURE
Julia Davidron-Randall

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JULIA C. GOODIN,MD

32. REGISTRAR'S SIGNATURE lia Davidson-Randall

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hos	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach-		IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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,	5-1-90 CM FOR 1 - STATE REGISTRAR			TMENT OF H		MENTAL HYGIEN REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last) Xavie	er	F	razier		2. DATE OF DEATH DATE OF DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DATE	AY YE	3. TIME OF DEATH 10:28AM M
	4. SOCIAL SECURITY NUMBER None	1 🔀 M 2 🗌 F	GE (In yrs. lest birthday) YRS.	MONTHS DAYS		7. DATE OF BIRTN (Month, Day, Year) March 17,	1990Wa	SHITHPLACE (State or Foreign Country) shington, D.C.
TOR	98. FACILITY NAME (If not institution, give st Prince Georges G		recation of de erly	of DEATH Ce Georges Co.				
FUNERAL DIRECTOR	Maryland Prince							10d. INSIDE CITY LIMITS?  1 YES 2 NO
VERAL	100. STREET AND NUMBER 1718 Bright Sea				20785		US	
à	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 YES, GIVE WAR O	ES 2 NO	If yes, sp		IC ORIGIN? (Specify Yes n, Puarlo Rican, etc.) :	ı or No 14.	RACE — American Indian, Black, White, etc. Specify: Black
COMPLETED	15. DECEDENT'S EDUI (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	16a. DECEDENT'S (Give kind of v life. Do NOT us		DN st of working	16b. KIND OF BU		RY
BE CO	17. FATNER'S NAME (First, Middle, Last)  Kevin Fra	zier				ME (First, Middle, Maiden a K. Johns		zier
5	199. INFORMANT'S NAME (Type/Print)  Kevin Frazier					Apt. 102 I		erm MD. 20785
	20a. METHOD OF OISPOSITION  1 XBurial 2 Cremation 3 Ram  4 Donation 5 Other (Specify)	oval from Stata	Vashingt	on Natio	nal Ceme	tery Suit	cation – city	or Town, State Maryland
	21. SIGNATURE OF FUNERAL SERVICE LIC	Tanle	N	McGui		al Service ve., NW V		gton, D.C.
	23. PART i. Enter the disease, or one obook, or heart fellure.  IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	e, SUDDEN DEA	n each line.	ANCY	de of dying, eucl	h ee cerdiec or reep	iratory errest	Approximate interval Between Onset and Death
ATION	Sequentielly list conditions, if eny, leeding to immediate cause. Enter UNDERLYING	b	AS A CONSEQUENCE OF					
CERTIFICATION	CAUSE (Disease or injury thet initiated events resulting in death) LAST	DUE TO (DR /	AS A CONSEQUENCE O	F):				
PHYSICIAN: MEDICAL C	PART II. Other significent condition	ne contributing to deel	th but not resulting	in the underlyin	g ceuee given in	Pert I. 24a. WAS AN PERFOI	RMED?	24b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? ***X**ES 2 \( \subseteq \) NO
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  POSTES 2 □ NO	HOSPITAL: 1 ☐ Inputient 2 XXR/	Outpetient 3 🗆 DOA	OTHER:	LACE OF DEATN (Ch			
ву рнуз	27. MANNER OF DEATN  1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJU (Month, Day, Ye	RY 28b. TIM	IE OF 28c. IN.	JURY AT DRK? YES 2 NO	28d. DESCRIBE NOW	INJURY OCCUR	ED
	3 Suicide 6 Could not be 4 Nomicide determined	28a. PLACE OF INJ building, atc. (	URY — At home, farm, (Specify)	street, factory, offic	**	28f. LOCATION (Street City or Town, State)	and Number or :	Rural Route Number,
COMPLETED	1 CERTIFYING PHYS	ICIAN: If the best of my k						ause(a) and menner as stated.
TO BE C	29% SIGNATURE AND TITLE OF CEMPFIE	IO COMPLETEO CAUSE OF	D		29c. LICENSE NUM			GNED (Month, Day, Year) 3-21-90

111 Penn Street, Baltimore, MD 21201

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DIVISION OF VITAL RECORDS, P.O. BOX 13146, TO THE HUSPITAL OR ATTENDING PHYSICIAN: The TO THE FLINERAL DIRECTOR: After this certificials to be filed with the State Co.

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTA	HYGIENI
CERTIFICATE OF DEATH	REG. NO.

FOR STATE REGISTRAR	STATE OF MAR	CERT	IFICATE	OF DEATH		REG. NO.			
1. DECEDENT'S NAME (First, MICHA, LAN JAMES		Joseph	FLOY	D	2. DATE MONTH	OF DEATH DA		EAR	1:00 P
4. SOCIAL SECURITY NUMBER 518-22-8328	E	AGE (In yes, lest blend 7	MONTHS 0	EAR IF UNDER 24 HIS.		OF BIRTH	75	Country)	timore MD
Southern Maryl RESIDENCE OF DECEDENT		1	96. CITY, TO	Clinton	EATH		Prin		ин George's
10e. STATE 10e. COUR	nce George'		CITY, TOWN OR I	hington				- 1	INSIDE CITY LIMITS?
10s. STREET AND NUMBER		-		101. ZIP CODE	,		man man	S.A	NAT COUNTRY?
11400 Ft. Washi H. MARITAL STATUS 1 Pever Married 2 XMarried 3 Wildowest 4 Diverced	12. WAS DECEDENT EX FORCES? XX IF YES, GIVE WAR	AEB 5 NO	If y	2074/ B DECEMBENT OF HISPAN WA, Specify Cuthen, Mexico YES 2 XNO Specif	NIC ORIGIN er, Puerto F		or No 14	RACE - Black, Specify	- American Indian, White, etc.
15. DECEDENT'S Et (Specify only highest gra Elementary/Secondary (0-12)	UCATION	18s. DECEDEN	IT'S USUAL OCCI of work door dur of use refred.)	JPATION ing most of working	16b.	KIND OF BUS	SINESS/INDUS	-	
12 17. FATHER'S NAME (FIRST, MINOR, LOSS)	N/A	Super	visor	18. MOTHER'S NA		of Street, Str	Govern Surnama)	men	t
William Natha	mial Floyd	I	No species of	Kelly		known	- No. 7- 7-	41	
Charlotte E. Flo	byd	Preparation of		itreel and Number or Rural 10 A–F	resum Numb	sec City or Tow	n, State, Zipi Co	odey	
200 METHOD OF DISPOSITION 1-02 Burtal 2 - Cremation 3 - Re 4 - Donation 5 - Other (Specify)		20b. PLACE OF DIS other place)	nd Vete	rans Cemeter me and address of fi			cation — cu ltenha		100.110.110
	11		0.000		1	ee Fu			
23. PART L Enter the diseases, o shock, or heart failur immediate Cause (Final disease or condition resulting in death)	. Chest In	on each line. riuries co	onot enter the	ting Arter	xande	er Fer	ry Rd iretory arres	Cli	Approximate Interval Betwee Onset and Deat
shock, or heart failur IMMEDIATE CAUSE (Final disease or condition	a. Chest In XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	on each line.	omplica XXXX Car	ne mode of dying, suc	xande	er Fer	ry Rd iretory arres	Cli	Approximate Interval Betwee Onset and Deal
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Shock, or heart failur IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART IL Other significant conditi  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VER 2 NO  27. MANNER OF DEATH  1 Natural 1 Natural 29. CERTIFIER 29. CERTIFIER 29. CERTIFIER 1 CERTIFYING PH	a. Chest In  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	DESCRIPTIONS CONSTRUCTION OF THE PROPERTY OF T	Omplica  Can  Complica  Can  Complica  Complic	ting Arter diovascular arlying cause given in  26. PLACE OF DEATH (C) ig Home \$ \( \) Risidence BC. INJURY AT WOORST 1 \( \) YES 2 \( \) NO y, office  e, date and place, and due	Example on as card ioscl r Dis Part I.  Part I.  B □ Other  284. DEI P DI CK  284. LOG City & P P to the car e time, defie	er Feri	AUTOPSY AMED?  AUTOPSY AMED.  AUTOPS	Clina,  etes  ixectes  ixectes  ixectes  consenses  p. Consenses	WERE AUTOPHY FINDING MARABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1X YES 2 NO  Driver of l object Own Hill G. Co., MD

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page be filed within 72 hours after death with the State Dept. of Neath and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be
	6	44	ark
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	REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO.							
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH DA	N VE	3. TIME OF DEATH					
1	Jeremiah	Antonio	FORD			3-29-9	Ö	3:55PM M					
	4. SOCIAL SECURITY NUMBER		(In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		BIRTHPLACE (State or Foreign					
1	Infant	1√2 M 2 □ F	A YRS.	MONTHS DAYS	15 30	(Month, Day, Ybar) 3-28-90		MD					
	9e. FACILITY NAME (If not institution, give s	treet and number).	- 22.5		OR LOCATION OF DE		9c. COUNTY						
œ	25 Composit Co	Baltim	ore										
2	35 Serpens Co	urt Ma 2	1237	Balt	imore		Bal	timore					
DIRECTOR	10e. STATE 10b. COUNT			Y, TOWN OR LOCA	TION			10d. INSIDE CITY					
8	MD	<b>B</b> altimore		Baltin	ore			LIMITS?					
4	10e, STREET AND NUMBER			- 1	H. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?					
A	25 500000	Commit				0.77	USA						
FUNERAL	35 Serpens	12. WAS DECEDENT EVER IN	NII S ADMED	12 WAS DE	212	IC ORIGIN? (Specify Yea		RACE — American Indien.					
	1) Wiever Married 2 Merried	FORCES? 1 YES	1/XNO	If yes, e	pecify Cuban, Mexica	n, Puerto Rican, etc.)	101 NO- 14.	Black, White, etc.					
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA	ATES	1 🗆 YE	S 2 NO Specify	<i>i</i> :		Specify: Black					
	15. DECEDENT'S EDU	CATION	18e. DECEDENT'S	LISUAL OCCUPAT	ION	186. KIND OF BUS	SINESS/INDIES						
E	(Specify only highest grade	completed)	(Give kind of life. Do NOT u	work done during n	ost of working	Tool late of Bot	311120071110001						
7	Elementary/Secondary (0-12)	College (1-4 or 5+)	Τ.,	£		T C							
12	Infant  17. FATNER'S NAME (First, Middle, Last)	Infant	1r	fant		Infant ME (First, Middle, Melden							
BE-COMPLETED							,						
溫	James Paul	Ford II				<u>a Marcia</u>							
il de	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	end Number or Rural I	Route Number, City or Tow	n, State, Zip Coo	de)					
	20s. METHOD OF DISPOSITION 1 Duriel 2 Cremetion 3 Regr	oval from State	other place)		emetery, crematory or			or Town, State					
	4 Donation 5 (A Other (Specify)		osal		n Square		Baltin	nore, Md 21237					
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE		22. NAME	AND ADDRESS OF FA	CILITY							
	•												
	23. PART I. Enter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest,  Approximate												
	shock, or heart fellure. List only one cause on each line.												
	IMMEDIATE CAUSE (Finel disease or condition	Candian	1	A.c.co.d				Onset and Death					
	resulting in death)		ulmonary										
			re Lung										
O	Sequentielly list conditions,		A CONSEQUENCE O										
AT	if sny, laading to immediata cause. Entar UNDERLYING							į .					
윤	CAUSE (Disease or Injury	c. EXTICINE  DUE TO (OR AS /	Prematu	rity D:									
Ē	that initiated events resulting in death) LAST												
CERTIFICATION		d											
	PART II. Other eignificent condition	_			ng cause given in	Part I. 24e. WAS AN		24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO					
EDICAL	Intraventricul	ar Hemorrhag	e (Sever	e)		1 YES 2		COMPLETION OF CAUSE					
							AV	DF DEATH?					
2						_							
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26.	PLACE OF DEATH (Ch	eck only one)							
2	EXAMINER?	HOSPITAL:	notions 2 DOS	OTHER:									
¥	1 YES XXNO	28s. DATE OF INJURY	28b. Till		me 5 - Residence	28d. DESCRIBE HOW	IN ILIEN OCCUE	250					
	tXXNetural 5 Pending	(Month, Dey, Year)		JURY V	YES 2 NO	280. DESCRIBE NOW	INJUNI OCCUM	NEU					
ВУ	2 Accident Investigation	24 - 24 405 05 111 117		"   '			24007						
	3 Suicide 6 Could not be 4 Hornicide determined	28e. PLACE OF INJURY building, etc. (Spe	t — At nome, term,	atreet, factory, off	ice	281. LOCATION (Street City or Town, State,	and Number or i	Rural Route Number,					
COMPLETED	4 I Homeso												
7	29e. CERTIFIER (Check only	ICIAN: To the best of my know	vledge, death occur	red at the time, da	te and place, and due	to the cause(e) end me	nner ee stated.						
O	one) 2 MEDICAL EXAMIN	ER: On the basis of examination	on end/or investigati	on, in my opinion,	death occured at the	time, date end place, ar	nd due to the c	suse(e) and menner ee stated.					
	29b. SIGNATURE AND THE OF CERTIFIE	P /			29c. LICENSE NUI	MBER .	29d. DATE S	IGNED (Month, Day, Year)					
H	mRAX	Z . m	り		D298	666	<b>&gt;</b> 7	129190					
5	30. NAME AND ADDRESS OF PERSON WI	IO COMPLETED CAUSE DF DE	EATN (ITEM 27) (Type	e, Print)	-   C		- 3/	-11-10					
	Mark Harris, M				Drive D	altimoro	Md	21237					
			VATURE/1.J.	quare	DITAG D	WI CIMOL G	, mu	41401					
	31. DATE FILED APR 19 199	I guna vavia	JOHN-Marion	hat .									

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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DIVISION OF WITH PECOLOGY, F. C. BOX 10179,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely 1	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, crematio	mannerate. If hem no is marked or Hem 22 chouse any Injury or other fraumatic ayant th
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	FOR STATE REGISTRAR	TE OF MARY			OF DEAT		MENTAL HYGIE			
	1. OECEDENT'S NAME (First, Middle, Lest)				<u> </u>		2. DATE OF DEATN			3. TIME OF OEATN
	Barbara	Marv	1	ennem	an	- 1	3-20-90	DAY	RASY	7:43PM M
	4. SOCIAL SECURITY NUMBER 5. SEX		(In yrs. last birthday)	T		24 HRS.	7. DATE OF BIRTH		8. BIRTHP	LACE (State or Foreign
	215.46 10/1 10N	2 KF	1 11 VD0		AYS HOURS	MIN.	(Month, Day, Year)	1925	Country)	
	9a. FACILITY NAME (If not institution, give street and	• •	64 1113.	Oh CITY TO	OWN OR LOCATI	ON OF DE		7	NTY OF DE	ELAND
œ	28 Delamar Street	Turribor)					AIII			
2	RESIDENCE OF DECEDENT			_ Gai	thersbu	irg		Mont	gomer	cy County
	10e. STATE 10b. COUNTY		10c. Cl	TY, TOWN OR	LOCATION	***				10d. INSIDE CITY
DIRECTOR	MARYLAND MONTGO	MERY	54	THE	ES BUI	015			1.	LIMITS?
	10e. STREET AND NUMBER	10/-/			101. ZIP COO			10g. CIT		IAT COUNTRY?
R	28 DALAMAR STA				208	M		TR	ELAN	ID.
FUNERAL		DECEDENT EVER	IN U.S. ARMED	13. WA			IC ORIGIN? (Specify		14. RACE -	- American Indian.
_		CES? 1 TYES		It y		ın, Mexicar	n, Puerto Rican, atc.)	ev.c. 165	Black, Specify	White, atc.
BY	3 M Wildowed 4 Divorced	LO, GIVE HAIT OIL	DAILS	1	The Election	ороспу	•		WHI	
	15. DECEDENT'S EDUCATION (Specify only highest grade complete	an .	16e. DECEDENT'S	USUAL OCC	JPATION ing most of worki		16b. KIND OF E	USINESS/IN	DUSTRY	
ᇤ		e (1-4 or 5+)	life. Do NOT	ise retired.)	ng most or work	rry				
립	12+4		Hou	15EW	IFE					
COMPLETED	17. FATNER'S NAME (First, Middle, Last)					HER'S NA	ME (First, Middle, Maid	en Surname)		
<u>ا</u>	JAMES E. HOU	NE			Be	IDE	ET M	£ 1501	VERI	N
0	19a. INFORMANT'S NAME (Type/Print)		19b. MAILIN	G ADDRESS (S			Number, City or 1	own, State, Zij	p Code)	20877
2	BERALDINE BOS	WELL	19 7	201.00	AAP CT	- /+	+41 / FA	THEL	- 0	- 140
	20e. METHOD OF DISPOSITION	20	Ob. PLACE OF DISPO	SITION (Name	of cemetery, crea	matory or		LOCATION -		
	1 Buriel 2 Commetter 3 Removal from 4 Donetten 5 Other (Specify)	n State	other place)	CRILEI	- CPE	ART	RIUM SH	ITHED	1.PE	MD.
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	1	_5/11///	22. NA	ME AND ADORE	SS OF FAC	CILITY		PAU	, , ,
	11200 O	//					AL HOM			
	With D. K	Sel-		BA	RNES	VILLE	= MARY	LANT	) - 0	२०४३ ६
	23. PART i. Entar tha diseesee, or complic ahock, or haart failure. List onl			not antar th	a mode of dy	ing, such	h ee cerdiec or re-	piretory ar	reet,	Approximata Intervai Between
	IMMEDIATE CAUSE (Final									Onset and Death
	disease or condition Ex	sanguina	ation							
		OUE TO (OR AS	A CONSEQUENCE	OF):						
Z	Securetistic list conditions 6. S	calp lac	ceration	and ch	ronic	alcol	holism			
E	Sequentially list conditions, if eny, laeding to immediate	DUE TO (OR AS	A CONSEQUENCE	OF):						
2	cause. Enter UNDERLYING CAUSE (Disease or injury									
H	that initiated evente resulting in daeth) LAST	OUE TO (OR AS	A CONSEQUENCE	OF):						
CERTIFICATION	d									
	PART ii. Other eignificant conditions contr	Ibuting to death	but not recuiting	in the unde	riving cause	given in	Part i. 24s. WAS	AN AUTOPSY	24b.	WERE AUTOPSY FINDINGS
CAL		•						ORMEO?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
ă				······			— XX YES	2 🗌 NO		OF DEATH?
X							_			YES 2 NO
ÿ										
PHYSICIAN: MEDI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSE	PITAL:		OTHER:	26. PLACE OF	DEATN (Ch	eck only one)			
YSI			rtpatient 3 DOA	4 🗆 Nursin		leeidence	8 Other (Specify)	_ <del></del>		
H		(Month, Day, Year)		ME OF 2	Bc. INJURY AT WORK?		28d. DESCRIBE HO	W INJURY OC	CURED	
B	1 Natural 5 Pending Accident Investigation	3-20-90	AM			NO	Subject	hit he	ead	
	3 Suicide 6 Could not be	le. PLACE OF INJUI building, etc. (Sp	RY — At home, farm pecify)	, street, factor	, office		28t. LOCATION (Stre City or Town, Str		or Aural A	oute Number,
1	4 Homicide detarmined	120,000 21 10	ho	me			28 Delam	ar St	reet.	Gaithersbur
2	29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To	the best of my kno	owledge, death occu	rred at the tim	e, date and plec	e, end due				
COMPLETED	One) XXX MEDICAL EXAMINER: On The	1							-	-
岁	29b. SIGNATURE AND TITLE OF CERTIFIER	1 #			200 110	SENICE MILE	4850	I and Da	TE BIONED	(Manth Day Mant
监	The state of the s	torv	M	_		ENSE NUA CME	NOCT		3-21-	(Month, Day, Year)
5	30. NAME AND ADDRESS OF PERSON WHO COM	JUCVV	VV /	/		UL III		,	) ZI	<i>J</i> U
	JULIA C. GOODIN, MD	LETED CAUSE OF I			Stroot	Ral+	imore,MD	2120	1	
				r-CIIII	2 meer	, Dall	THOTE MD	Z1ZU.	L	VC
1	11	. REGISTRAR'S SIC	GNATURE							
	MAR 2 8 1990 9000	decyddon-n	- Acres							
		C 61 64	- Andrews							ONMN-16 Rev 1/8

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STATE	0F	MARYLAND /	<b>DEPARTMENT</b>	0F	HEALTH	AND	MENTAL	HYGIENE
		CI	ERTIFICATE	OF	DEAT	TH		REG. NO.

	FOR STATE REGISTRAR	STATE OF MARYL		RTMENT OF H			HYGIENE REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last) REGINA	M. GII	ES	f::		2. DATE OF MONTH	E & DAY	IÝ	AR	TIME OF DEATH A	
	4. SOCIAL SECURITY NUMBER 216-44-5894		(In yrs. lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIH.	7. DATE OF	29 9	98	MAR	CE (State or Foreign YLAND	
5	9e. FACILITY NAME (If not institution, give s 1283 GENERALS	The state of the s		100	WNSVILI			9c. COUNTY ANN		RUNDEL	
DIRECTOR	RESIDENCE OF DECEDENT  10e. STATE  10b. COUNT  MARYLAND	ANNE ARUNDI		TY, TOWN OR LOCA	NSVILLE	ei.	10d, INSIDE (LIMITS? 1 VES 2				
- 14	106. STREET AND NUMBER 1283 GENERALS				21032			10g. CITIZEN		COUNTRY?	
BY FUNEHAL	11. MARITAL STATUS  1   Never Married   2   Merried   3   Wildowed   4   Divorced	12. WAS DECEDENT EVER IF FORCES? 1 YES, GIVE WAR OR D	2X NO	If yes, sp	ENDENT OF HISPAN ecity Cuban, Maxica 2 XNO Specifi	NIC ORIGIN? (		RACE Black, W	American Indian, hite, etc.		
COMPLEIED	15. DECEDENT'S EDU (Specily only highest grade Elementary/Secondary (0-12)	CATION a completed) College (1-4 or 5+)	(Give kind of life. Do NOT o	s USUAL OCCUPATI work done during muse retired.)	ost of working	16b. K	IND OF BUSIN		RY		
BE CON	17. FATHER'S NAME (First, Middle, Lest)  JAMES M. FAII	RLEY			18. MOTHER'S NA MARY	C .	idle, Meiden Si FOI				
2	190. INFORMANT'S NAME (Type/Print) RALPH T. GIES				6 , GAMBI					21054	
	20 METHOD OF DISPOSITION 1 D Buriel 2 Cremation Department Departm	noval from State	b. place of dispo DUR <sup>place)</sup> AD	OSITION (Name of ca Y OF TH	metery, cremetory or [E FIELI	os		ATION — CHY LERSV		State E, MD.	
	21. SIGNATURE OF FUNCTION SERVICE LI	CENSEE LOU	fmens	RAYMO	ND C. HERAIN HV	TINK	FUNEI W.GLI	RAL H EN BU	OME RNI	21061 E,MD.	
HILLAIION	23. PART I. Enter the diseases, of ehock, or heart fellure.  IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)  Sequentielly list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury the initiated events resulting in deeth) LAST	e. PNEUM  DUE TO (OR AS  b. DUE TO (OR AS	A CONSEQUENCE	оғ): оғ):	de of dying, suc	h ee cerdle	c Dr respira	atory erreet		Approximate interval Between Onset and Desth	
MEDICAL CE	PART II. Other eignificant condition  ALZ h.ELMER  CONTRACTOR	S DISEASE	Ecubetys				24e. WAS AN A PERFORM 1 YES 2	NED?	AM CC OF	ERE AUTOPSY FINDINGS ALLABLE PRIOR TO MPLETION DF CAUSE DEATH?  YES 2 \( \text{NO} \) N/A	
HYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28. F	LACE OF DEATH (C)	heck only one)					
BY PHYS	1 VES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation	1 □ Inpatient 2 □ ER/Ou  26s. DATE OF INJURY (Month, Day, Year)	28b. Ti	4 Nursing Ho	JURY AT ORK? YES 2 NO		(Specify) RIBE HOW IN	JURY OCCUR	ED		
	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28a. PLACE OF INJUR building, etc. (Sp.	Y — At home, farm	, street, factory, offi	ce		TION (Street ar Town, Stele)	nd Number or i	Rural Rout	e Number,	
29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and may opinion, death occurred at the time, date and place, and due to the cause(s) and may opinion, death occurred at the time, date and place, and due to the cause(s) and may opinion, death occurred at the time, date and place, and due to the cause(s) and may opinion, death occurred at the time, date and place, and due to the cause(s) and may opinion.										nd manner as stated.	
a a	29b. SIGNATURE AND TITLE OF CERTIFIE	Jukson,	. ער		D28			29d. DATE SI	GNED (M	onth, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF D			EEN , C	ROFF	N, p	מה	211	14	
	APR 4 1990	32. REGISTRAR'S SID	Another								

5	age 6	direct
BALLIMO	eath. F	funeral
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	6	filled on, o
o,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Jurs after death. Page 6	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directs be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burlal, cremation, or removal.
DIVISION OF VITAL RECORDS, P.O. BOX 13149,	pecuted	and cor burial,
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IMPORTANT: If liem 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MA		DEPAR ERTIF						GIENE G. NO.		
	1. DECEDENT'S NAME (First, Middle, Last) Patsy Mae Good	sell							2. DATE OF DE MONTH	ATH DAY	9°O	3. TIME OF DEATH 0800 M
	4. SOCIAL SECURITY NUMBER 212-38-7820	5. SEX 6	AGE (In yrs. les	t birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 NRS. MIN.	7. DATE OF BIR (Month, Day, July 2	Year)	Coun	
80	98. FACILITY NAME (If not institution, give str 144 W. Church S						erici		ATH	9c. F)	county of rederi	DEATH CR
DIREC	MD. Frede				r, town o							10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL DIRECTOR	100. STREET AND NUMBER 144 W. Chwich S						. ZIP CODI	217	01	10g.	. CITIZEN OF	WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Divorced	12. WAS DECEDENT FORCES? 1 [ IF YES, GIVE WAI	YES 2	NO NO		f yee, sp		m Mexice	IIC ORIGIN? (Spe n, Puerto Ricen, o		0 14. RAC Blee Spe	E - American Indian, ck, White, etc. city: White.
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementery/Secondary (0-12)		(G	CEDENT'S live kind of a Do NOT us	work done ( se retired.)	during mo	st of workir	ng		OF BUSINES		VOIDEC
BE COMP	17. FATHER'S NAME (First, Middle, Lest)  John Joseph Sch	ill	she	et m	<u>etal</u>	wor	18. MOTI	her's NA	ME (First, Middle, B. Hard	orex ( Malden Suma ing		
TO B	190. INFORMANT'S NAME (Type/Print) Ethel Stimmel								Pouto Number, City ederick			
	20e. METHOD OF DISPOSITION  1 Description   Method   Description   Descr	val from State	20b. PLACE other pi	OF DISPOS	t. 0	live	t Ce	mete	ry	20c. LOCATIO Frede	n-city or thick,	own, State Md.
	21. SIGNATURE OF FUNERAL SERVICE LIC	Lem	nuer	ŧ		Stau		Fun	eral Ho d. 2170		621 Ox	ossumtown Pik
CERTIFICATION											Interval Between Onset and Death	
MEDICAL	PART II. Other significant condition	s contributing to d	eath but not	reaulting	In the ur	darlyin	g cause	given In		WAS AN AUTO PERFORMED: YES 2 N	7	b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 X YES 2 \( \text{I NO} \)	HOSPITAL:	ER/Outpetient	DOA	OTHE!	R:			eck only one)  6  Other (Spec	n#hu)		
BY PHY	27. MANNER OF OEATH  1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF II (Month, Day	NJURY	28b. TIM	-	28c. INJ WC			28d. OEŞCRIBE		Y OCCURED	
ED	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF building, e	INJURY — At he tc. (Specify)	ome, farm,	atreet, fact	iory, offic	•		281. LOCATION City or Town		umber or Rura	Route Number,
COMPLET	anal only	CIAN: To the best of n										(a) and manner ee stated.
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER  AND NAME AND ADDRESS OF PERSON WHI	- 4	& M	D	(Print)	j		786	T /c (4)			06/90
	RRROSE  31. DATE FILEO (Month, Day, Year)			J 7	354	F	de	rici	Ic Md.	2170	1-4.	599
	APR 0 9 1990 Sw	32. REGISTRAR	Mandalle									

AND	the hos	detache	once.
BALLIMORE, MARTLAND	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Jurs after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach to held within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	NG PH	fter this	marke
2	TEND	after d	28 is
5	AL DR A	L DIRE	f item
	HOSPITA	rithin 72	ANT: I
	THE F	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the ibe filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	APORT
	F	F 3	=

31. DATE FILED (Month, Day, Year)

32 REGISTRAR'S SIGNATURE

	1 - STATE REGISTRAR	STATE OF N		/ DEPAR					MENTA	L HYGIEN REG. NO					
,	1. DECEDENT'S NAME (First, Middle, Lest)	Kenneth	Samu	e1	GARE	ER			MONT	OF DEATH D	× 31	1970	3. TIME OF DE		
- 1	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. In	est birthday)	IF UNDER		IF UNDER	-	7. DATE	OF BIRTH		8. BIRTH Count	PLACE (State or		
	214-28-7394	1 M 2 □ F	69	YRS.	MONTHS	DAYS	HOURS	MIN.	Apri	16,	1920		ryland		
ŀ	9e. FACILITY NAME (If not institution, give st	reet and number)			9b. CITY	, TOWN C	R LOCATIO	ON OF OR	ATH		9c. COU	NTY OF C	EATH		
CTOR	Frederick Me	morial H	ospital			F	rede	rick				Fred	lerick		
ן ק	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY			Laster									10d. INSIDE CI		
DIRE				10e. CI1	ry, town				LIF						
	Maryland F  100. STREET AND NUMBER	rederick			- 1		rick						1 YES 2		
RA		Dood				101	ZIP COOL				10g. CIT		WHAT COUNTRY		
FUNERAL	5939 Meadow	12. WAS DECEDEN	T EVEN IN U.S. A	01150	1.0	1400 050		701				U.S.	_		
윤	1 Never Married 2 Married	FORCES? 1	YES 2 K	NO		If yes, sp	ecify,Cuba	n, Maxica	n, Puerto	I? (Specify Ye Rican, atc.)	s or No-	Blac	E — American In k, White, etc.	dien,	
B	3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES			1 YES	2 🤼 NO	Specify	y:			Spec	Whi:	te	
	15. DECEDENT'S EQUA		16a. C	ECEDENT'S	USUAL O	CCUPATIO	ON		16b	. KIND OF BU	SINESS/INI	DUSTRY			
	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 +	- 4	(Give kind of te. Do NOT u	work done use retired.)	during mo	st of workin	g							
COMPL	7			I	abor				F	armer	Co-c	pera	tive		
Š	17. FATHER'S NAME (First, Middle, Last)						16. MOTI	HER'S NA	ME (First,	Middle, Maiden	Surname)				
BE		Edward		Garl	per			Lel	la		R	epp			
	19a. INFORMANT'S NAME (Type/Print)									ber, City or Tov					
F	Mrs. Mary O. Garb	er		5939	Mead	ow I	oad,	Fre	deri	ck, M	d. 21	701			
	20a METHOD OF DISPOSITION 12 Page 12 Cremetion 3 Remo	oval from State	20b. PLAC	E OF DISPO	SITION (N	ame of cer	metery, cren	natory or		20c. LC	20c. LOCATION — City or Town, State				
	4 Donetion 5 Other (Specify)			esthaven Memorial Gardens							Frederick, Md.				
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE					NO ADDRE			7) A	T	- 1 Y	1 2:	1701	
	Allan 9	H Rul	MO0703 Keeney & Basford P.A. Funeral I 106 East Church Street, Freder:												
NO	23. PART I. Enter the diseases, or cahock, or heart fellura.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions,	a. ME7 DUE TO	457472 (OR AS A CONS	EOUENCE C	nn DF):							rest,		msta Between nd Death	
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	с	(OR AS A CONS												
<u>.</u>	PART II. Other significant condition	s contributing to	death but not	resulting	In the u	ndarlyin	g cause :	given in	Part I.	24a. WAS AF		248	WERE AUTOPSY		
S										1 TYES			OF BEATIE	F CAUSE	
MED														NO	
										e			1		
<u>₹</u>	25. WAS CASE REFERRED TO MEDICAL EXAMINER?						LACE OF D	EATH (Ch	eck only o	10)			18		
)s	1 TES 2 NO	HOSPITAL:	ER/Outpatient	3 🗆 DOA	OTHE 4 Nu		10 5 □ Re	aldence	6 🗆 Othe	r (Specify)					
PHYSICIAN:	27. MANNER OF DEATH	28a. DATE OF (Month, D		28b. TH	ME OF	28c. INJ	JURY AT		28d. DE	SCRIBE HOW	INJURY OC	CURED			
<b>-</b> I	1 Natural 5 Pending 2 Accident Investigation	(	-,, ,		М		YES 2	NO							
90	3 Suicide 8 Could not be	home, farm,	street, fac	tory, offic	:0		28t. LOC	ATION (Street or Town, State	and Numbe	r or Rural	Route Number,				
4 Homicide determined															
29s. CERTIFIER (Check only one)  29s. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.  29s. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.															
one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as sta										stated.					
296. SIGNATORE AND TITLE OF CERTIFIER 296. DATE SIGNED (Month, Daff, Year)										er)					
00	Certa s.	mond	~ ~				0	-18	191			2-1-			
임	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAU	SE OF DEATH (IT	TEM 27) (Typ	e, Print)	,									
	Aportar 4. MAN	ACU. 4.0.	187	Por	200	mon	9.	F4	wie	no.	217	0/			

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache he find within 72 hours after death with the State Deut, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
within 24 hours after death.	pletely filled in by the funer cremation, or removal.	ent, the medical exam
ath certificate be executed	tending physician and com al Hygiene prior to burial, of	or other traumatic ev
he law requires that the dea	has been signed by the at Dept. of Health and Ment	m 23 shows any injury,
ENDING PHYSICIAN: TI	OR: After this certificate ter death with the State	8 is marked, or iter
TO THE HOSPITAL OR ATT	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the it is find within 72 hours after death with the State Deat; of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: If Item 28

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31. DATE FILED (Month, Day, Year)

APR 09'90

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	FOR STATE REGISTRAR	STATE OF MARYLAND		TMENT OF H			GIENE			
	1. OECEDENT'S NAME (First, Middle, Last)	FROVE Ed	na F	lorence	Groves	2. OATE OF O	EATH DAY	- 96	AR	845 PM
	4. SOCIAL SECURITY NUMBER 216-05-4029	1 M 2 F 8 3	last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BI	S C	-	Mary	E (State or Foreign
ВО	9a. FACILITY NAME (If not institution, give a Sinai Hospital	treet and number)			or Location of DE	ATH		9c. COUNTY	OF DEATH	
5	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNT	v	I son CIT	Y, TOWN OR LOCAT	1001				1 404	INSIDE CITY
DIRECTOR	Maryland	Harford	1	bingdon					1 🗆	LIMITS? YES 2 NO
FUNERAL	100. STREET AND NUMBER 3007 SEDBERRY LAN	Е		101	2100	9		10g. CITIZEN US.		COUNTRY?
B≺	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2 I IF YES, GIVE WAR OR DATES	ARMED		ENDENT OF HISPAN scify Cuban, Maxicas 2 NO Specify	n, Puerto Rican,			RACE — A Black, Whi Specify:	merican Indian, Ita, atc.
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of No. Do NOT u	WORL OCCUPATION WORK done during mo-	st of working	20000000	- 12.74	ness/inoust		on
COMP	17. FATHER'S NAME (First, Middle, Lest)		reter.	la ASSIS	18. MOTHER'S NAI Unkno	ME (First, Middle,				.041
BE										
5	Shirley E. Sparr		1222	Spring Av	ve., Balt					
	20s. METHOD OF DISPOSITION 1	rough from State Other	p(ece)	smon (Name of cen Memorial	netery, cremetory or Park Cen			ation – chy 11timo:		
	21. SIGNATURE OF FUNERAL SERVICE LI		-17	22. NAME AN HOWAL	nd Address of FA	cium Comas I	II F	unera:	l Hon	ne, P.A.
_	Howard	11/c come	0 14		Cokesbu					
				not enter the mo	de or dying, suci	n es cardiec (	or reepir	atory errest.	'	Approximete Interval Between
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)	. CARDIC	PUL	MONA	ARY A	RRE	57	7		Onset end Death
z		SUPSIS	SEQUENCE O	PF):						
CERTIFICATION	Secuential   Sec	DUE TO (OR AS A CONS	SEQUENCE O	OF):						
S	CAUSE (Disease or injury	C. DUE TO (OR AS A CONS	SECHENCE (	MED.						
Ë		DOE TO (ON AS A CONS	SEGUENCE (	rej.					į	
S		d								
MEDICAL	PART II. Other significant condition	ns contributing to death but no	t resulting	in the underlyin	g cause given in		PERFORI		AWA	RE AUTOPSY FINDINGS ILABLE PRIOR TO MPLETION OF CAUSE DEATH?
MED						_   '	¥			YES 2 NO
ÿ										
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	LACE OF DEATH (Ch					
ΙΥS	1 TYES 2 NO  27, MANNER OF DEATH	1 Nonpatient 2 ER/Outpatient 28a. DATE OF INJURY	3 DOA		ne 5 🗆 Residence	6 Other (Spe 28d. DESCRIB		ILIBA UCCIE	ED.	
BY Ph	1 Natural 5 Pending	(Month, Day, Year)	an an	JURY WO	YES 2 NO	Zod. DESCRIB	E HOW IN	JOHT OCCUR		
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At building, etc. (Specify)	home, farm,	street, factory, offic		26f. LOCATION City or Tox		nd Number or I	Rural Floute	Number,
COMPLETED	CONSUR UTILY	SICIAN: To the best of my knowledge, ER: On the basis of examination and/							ause(a) and	d menner as stated.
BE	296. SENATURE AND TITLE OF CENTRAL	* House	Off	VER	29c. LICENSE NUI	MBER		29d. DATE SI	GNED (Mo	oth, Day, Year)
10	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF DEATH (I	TEM 27) (7)/P	e, Print)					+	1

32. REGISTRAR'S SIGNATURE
Julia Davidson-Randalle

Page 6 may be retained by the hospital or attending physician. If the page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should BALTIMORE, MARYLAND 21203-3146

er must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

S	TO THE HIGHTIAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within			IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the matrice and
-	Billio	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete		megg
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	OR A	DIREC	SUDO	mel
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STATE	0F	MARYLAND	/ DEPARTMENT	0F	HEALTH	AND	<b>MENTAL</b>	HYGIENE
		C	ERTIFICATE	0	F DEAT	TH		REG. NO.

FOR 1 - STATE REGISTRAR	STATE OF	MARYLAND / DEPARTM CERTIFICA	ENT OF HEALTH AND I	MENTAL HYGIEN REG. NO		
1. DECEDENT'S NAME (First, Mic	idle, Last)	EORGE	ip-	2. DATE OF DEATH	Y - 92	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER	168 1 M 2 X F	67 YRS. MON		7. DATE OF BIRTH (Month, Day, Year)	2280	RTHPLACE (State or Foreign unitry)  Les Ter. N. V.
90. FACILITY NAME (If not institute for WASH)	NGTON REHH		ort wash, n	naryland	Prince	P = con-ls
RESIDENCE OF DECEE	washingt	10c. CITY, TO	whore location ushing ton			10d. INSIDE CITY LIMITS? 1 XYES 2 NO
100. STREET AND NUMBER  3212 Hrg  11. MARITAL STATUS	LWood I	DRIVE	101. ZIP CODE	20	10g. CITIZEN C	of what country?
11. MARITAL STATUS  1 Never Married 2 Mai  3 Wildowed 4 Divorced	rried FORCES?	NT EVER IN U.S. ARMED 1 ☐ YES 2 NO WAR OR DATES	13. WAS DECENDENT OF HISPAI If yes, specify Cuban, Maxica 1 YES 2 NO Specifi	in, Puarto Rican, atc.)	8	IACE — American Indian, Black, Whita, atc.
	College (1-4 or 5	life Do NOT use ret	done during most of working	16b. KIND OF BU	SINESS/INDUSTR	Education
17. FATHER'S NAME (First, Middle	Stein	research to	18. MOTHER'S NA	ME (First, Middle, Maiden	Sumame)	CHACKITO!
Sabina Lo	nie Por.	196. MAILING ADD	PRESS (Street and Number or Rural	Chevy C	hase r	nd. 20815
20a. METHOD OF DISPOSITION 1	3 Ramoval from State	20b. PLACE OF DISPOSITIO	N (Name of cemetery, crématory or Cemetery, crématory or 22. NAME AND ADDRESS OF FA	1 340	1-Blad	enshere Rel
Laden	E. mos	tamery	719-Kenned	ly St. D.	mery W. WK	15h. D.C. 20011
	t fellure. List only one ce	o (OR AS A CONSEQUENCE OF):	Luny	ch/es cerdled or resp	elretory srrest,	Approximete interval Between Onset and Death
Sequentially list condition if any, leading to immedia cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	c	O (OR AS A CONSEQUENCE OF):				
	conditions contributing t	o death but not resulting in ti	ne underlying cause given in		AUTOPSY RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
25. WAS CASE REFERRED TO MEXAMINER?  1   YES 2   NO  27. MANNER OF DEATH				1 TES	2 🗆 NO	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO A EXAMINER?	HOSPITAL:	0	28. PLACE OF DEATH (C	heck only one)		
1 □ YES 2 NO 27. MANNER OF DEATH	1 ☐ inpatient 2	☐ ER/Outpatient 3 ☐ DOA 4	Nursing Home 5 Residence	8 Other (Specify) 28d. DE\$CRIBE HOW	INJURY OCCURE	D .
Accident Inv	estigation 28e. PLACE	OF INJURY — A1 home, farm, street, (Specify)	M 1 YES 2 NO	281. LOCATION (Street City or Town, State	and Number or Ro	ural Route Number,
29a. CERTIFIER (Check only	YING PHYSICIAN: To the best	of my knowledge, death occurred a				
		examination and/or investigation, is	29c, LICENSE NU			and manner as stated.  and (Month, Day, Year)
o Km	an inn	UNE OF DEATH OF THE OF	1)	564	D 41	12/90
REZA M	OSTAKN	USE OF DEATH (ITEM 27) (Type, Pril	11-	M/ 2	-834	6
PR 03 390	8.0. N.	RAR'S SIGNATURE				

OHMH-18 Rev 1/89

FOR 1 - STATE REGISTRAR	STATE OF MARYL		MENT OF HEALTH AND	MENTAL HYGIENE REG. NO.				
1. DECEDENT'S NAME (First, Middle, Las Mamic	E	GOEN	soen .	2. DATE OF DEATH DAY	90	3. TIME OF OEATH		
4. SOCIAL SECURITY NUMBER  327-30-9886  98. FACILITY NAME (If not Institution, give	1 □ M 2 💢 F	93 YRS. MC	F UNDER 1 YEAR IF UNDER 24 HRS.  DAYS HOURS MIN.  b. CITY, TOWN OR LOCATION OF D		Country	EXAS		
11	Care Cente	/	raithers burg	EATH	morta			
	ONTGOMERY		GAITHERSBURG			10d. INSIDE CITY LIMITS? 1 X YES 2 NO		
10e. STREET AND NUMBER 301 RUSSELL 11. MARITAL STATUS 1 Merer Married 2 Merried			10f. ZIP CODE 20877	,	U.S.			
3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 Tyes IF YES, GIVE WAR OR I	2 XNO	13. WAS DECEMDENT OF HISPA If yes, specify Cuban, Mexic 1 YES 2 HO Specify	en, Puerto Ricen, etc.)	or No— 14. RACE Black Specifi	, — American Indian, , Whita, atc. y: WHITE		
15. DECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12)	College (1-4 or 5+)	Ille. Do NOT use r	k done during most of working	166. KIHD OF BUSI	C SCHOOL	S		
17. FATHER'S NAME (First, Middle, Last) CHARLES	COEN			AME (First, Middle, Malden S				
10. HEODMANT'S HAME (Tone (Brief)	GOEN	19b. MAILING A	DDRESS (Street and Number or Rural	I.E.N Route Number, City or Town,	FERGUSO State, Zip Code)	N		
CLARENCE C.			RUSSELL AVE. #					
20a. METHOD OF DISPOSITIOH  1	emoval from Stata	other place) CHAMBER	DE OF DISPOSITION (Name of cometer); crematory or configuration of the c					
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE		22. NAME AND ADDRESS OF FA		, MD. 20910			
23. PART I. Enter the diseases, a shock, or heart failur immediate CAUSE (Finel disease or condition resulting in death)  Sequantielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. Due To (OR AS	each line.	Inclusion of dying, such a suc		atory arreat,	Approximate interval Between Onset and Death  5 days  2 wks		
PART II. Other significent condit	iona contributing to death	but not resulting in		1 Part I. 24e. WAS AN / PERFORI	MED?	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		
25. WAS CASE REFERRED TO MEDICAL EXAMMER?  1 YES 2 NO  27. MANNED OF OEATH	HOSPITAL:		26 PLACE OF DEATH (C	heck only one)				
27. MANNES OF OEATH  1 Hetural 5 Pending 2 Accident Investigation	1 □ Inpetient 2 □ ER/Our  26e. DATE OF INJURY (Month, Day, Year)	28b. TIME (INJUR	☐ Hursing Home 5 ☐ Residence  DF 28c, INJURY AT	6 Other (Specify)  28d. OESCRIBE HOW IN	JURY OCCURED			
2 Deviates	26a. PLACE OF IHJUR building, etc. (So	Y — At home, farm, streedly)	eet, factory, office	26f. LOCATION (Street a City or Town, State)	nd Number or Rurel F	Route Number,		
4 Homicide  4 Homicide  29a. CERTIFIER (Check only 2 MEDICAL EXAM			at the time, date and place, and du in my opinion, death occured at th			) and manner as stated.		
296. SIGNATURE AND TITLE OF CERTI	Jeruggo,	hu	D /2	50 4	29d. DATE SIGNED	Day, Year)		
30. NAME AND ADDRESS OF PERSON  1. DATE FILEO (Month, Day, Year)	PVGG5 5  32. REGISTRAR'S SIG	4/3 Ce	darha. Ts	e thesda	ma	20814		
APR 04 '9	O Gulia De	vidson-Randa	00					

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3. TIME OF DEATH

10d. INSIDE CITY

14. RACE - American Indian, Black, White, atc.

1 YES 2 NO

WHITE

**Approximate** Interval Between Onset and Death

24b. WERE AUTOPSY FINDINGS

AVAILABLE PRIOR TO

OF DEATH? 1 TYES 2 THO

29d. DATE SIGNED (Month, Day, Year)

Whea

rrara

27

90

COMPLETION OF CAUSE

mo

6. BIRTHPLACE (State or Foreign

NEW YORK

MONTGOMERY

10g. CITIZEN OF WHAT COUNTRY?

USA

4:15 P. M

YEAR

9c. COUNTY OF DEATH

ARYLAND 21203-3146

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

**EDWARD** 

4. SOCIAL SECURITY NUMBER

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w p	Iduo	5
HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.	F FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funer white the close of the filled in by the funeral strains after the bridge of the filled in by the funeral strains after the bridge of the filled in by the funeral strains after the communication of the filled in by the funeral strains after the communication of the filled in the funeral strains after the communication of the filled in the funeral strains after the communication of the funeral strains after the filled in t	13 ditte ucan min the clare pept, or regard and months price price to contain, or removal.
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Dr.

31. DATE FILED (MOOTH)

3

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Sherer

32. REGISTRAR'S SIGNATURE

who Davidson

6. AGE (In yrs. lest birthday) 7. OATE OF BIRTH HOURS 1 X M 2 - F 100-22-7029 60 YRS. APRIL 28,1929 Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR 118 MONROE STREET, #903 ROCKVILLE RESIDENCE OF DECEDENT 10a STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION MARYLAND MONTGOMERY ROCKVILLE 10e STREET AND NUMBER FUNERAL 10f. ZIP CODE 118 MONROE STREET, #903 20850 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMEO FORCES? 1 YES 2 XNO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 Never Married 2 Married IF YES, GIVE WAR OR DATES 1 YES 2 XNO Specify BY 3 Widowed 4 Divorced ETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEOENT'S EOUCATION (Specify only highest grade comple 16b. KIND OF BUSINESS/INQUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) COMPL POSTAL CLERK U.S. POSTAL SERVICE 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Sumame) THEODORE R. GRACIA Ħ **EVELYN** MERRITT 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ACORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) M. GWENDOLYN GRACIA (WIFE) 118 MONROE STREET, #903, ROCKVILLE, MARYLAND 20850 20a. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or 20c. LOCATION — City or Town, Blats 1 Buriel 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) GATE OF HEAVEN CEMETERY SILVER SPRING, MARYLAND 22. NAME AND ADDRESS OF FACILITY
FRANCIS J. COLLINS FUNERAL HOME, INC. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 500 UNIVERSITY BLVD., W., SIL. SP., MD 20901 medical 23. PART I. Enfer the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory errest, shock, or heart fellure. List only one ceuse on each line. IMMEDIATE CAUSE (Final ANCER the disease or condition resulting in death) UNG event, traumatic CERTIFICATION Sequentielly list conditions. DUE TO (OR AS A CONSEDUENCE OF) If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury other OUE TO (OR AS A CONSEDUENCE OF): that initiated events resulting in death) LAST 6 Injury, PART II. Other eignificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY MEDICAL shows any 1 - YES 2 NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) Hem OTHER: 1 - YES 2 1 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA ng Home 5 Residence 6 - Other (Specify) 0 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 28 is marked, 1 Natural 8.6 1 YES 2 NO BY 2 Accident Investigation 28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 3 Suicide 26f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined COMPLETED 4 Homicide If Item 29a. CERTIFIER

Chart only

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 29h, SIGNATURE AND THE OF CERTIFIER 29c. LICENSE NUMBER BE MD SAL re 219 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 223 2 leter

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

IF UNDER 1 YEAR IF UNDER 24 HRS.

GRACIA

2. DATE OF DEATH

MARCH

DAY

26, 1990

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O. BC	The law requires that the death certificate
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ECC	requires
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Z	I: The
OF VITAL RECORDS, P.O. F	HYSICIAN
NO	L OR ATTENDING P
DIVIS	OR
	HOSPITAL

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-frament be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burlat, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE	TO THE	IMPOR

													90		1107	I
	FOR STATE REGISTRAR		STATE OF N		DEPAR					AENT/	AL HYGIEN REG. NO	E				
	1. DECEDENT'S NAME (First,	Middle, Lest)	<del></del>	01.0	1. (	10,111				2. DAT		× 2 -	473	3. TIME	E OF DEATH	5.1
1	4. SOCIAL SECURITY NUME		5. SEX	6. AGE (In vis. I	1+4		R 1 YEAR	IF UNDER		7.047	E OF BIRTH		8. BIRTH	IDI AOF	11-13	(20)
100	219-44-0105	1XXM 2 □ F	46	nst birthijay) YRS.	MONTHS	DAYS	HOURS	MIN.		10. Day, Year) 18-194	1	Countr	yla			
1	9a. FACILITY NAME (If not in	stitution, give s	treet and number)			9b. CIT	r, TOWN C	R LOCATIO	ON OF DE				NTY OF D	_		$\dashv$
氟	4812 Lexin	gton A	ve.			BE	LTSV	ILLE				Pri	nce	Geo	rge	
B	RESIDENCE OF DEC	10b. COUNTY	,		1 40 000	Y. TOWN										7
FUNERAL DIRECTOR	Maryland		ce Georg	e		ltsv								Li	ISIDE CITY MITS? YES 2 ី NO	
1	10e. STREET AND NUMBER							ZIP CODE	E			10g. CIT	IZEN OF V	-		-
ER/	4812 10		n Avenue					207	05			Un	ited	St	ates	
3	11. MARITAL STATUS	-	12. WAS DECEDEN										erican Indian,			
BY F	1 Never Married 2 🔀		IF YES, GIVE V	YES 2 X						o Hican, etc.)		Speci	ffv:	ite		
		EDENT'S EDU	CATION	160 (	DECEDENT'S	LISHAL	VCCI IDATIO	NA.		14	b. KIND OF BU	SINESS /IN	DUSTOV	AATT.	1100	$\dashv$
ETE		y highest grade			Give kind of te. Do NOT u	work done	during mo	st of working	ng	"	D. KIND OF BO	31142337114	DOSTAT			
립	12 years								U.S. De	ept.	of A	gri	culture			
COMPLETED	17. FATHER'S NAME (First, M							16. MOT	HER'S NA	ME (First	, Middle, Malden	Surname)				
BE (		-	tfelty									Wilt				
0	19a. INFORMANT'S NAME (		2.1						or Rural F	Route Nu	mber, City or Tow	m, State, Zi	p Code)			
	Frances E.			200 81 40	San E OF DISPO	ne as				_	I an. 10	0.471011	Otto an Ta			_
	20s. METHOD OF DISPOSIT  1 Durisl 2 Crematic  4 Donation 5 Other		oval from State	other	place) .ropo]								City or To		• irginia	
	21. SIGNATURE OF FUNERA		CENSEE		ropo.	22	NAME A	NO ADDRE	SS OF FA	CILITY		LCAGI.	arra	· ,	riginia	
	2/2	1 &w	RAG	s. der	1-1						Road					
	23. PART I. Enter the d	Iseases, or	complications the	ot caused the	death. Do	_					20705	Iratory a	reat.	1.4	Approximeta	_
	ahock, or h	eert failure.	List only one car										0.00	31	ntarvai Batwee	
	iMMEDIATE CAUSE (Fit disease or condition resulting in death)	→	Ac	ite Con	ALDO	ruly	ONO	NU I	ans	ast	-			j		
	resulting in death)	OF AS A CONS	EOUENCE	OF):	1.5	1	A-	40 . 4			_			П		
N	Sequentially list condit	tions.	ь <u>Да</u>	ill my	clum	enco	444	LU	we	enc	u			_		
ERTIFICATION	If any, leading to imme	diata	DUE TO	TO (OR AS A CONSEQUENCE OF):												
FIC	CAUSE (Disease or injuthat initiated events		C. DUE TO	(OR AS A CONS	EOUENCE (	OF):								1		_
FE	resulting in death) LAS	ET .	d													
ᄗ	PART II. Other algoritic	ent condition	ne contributing to	death but no	t requition	in the r	ınderivin	a causa	alven in	Dart i	24a, WAS AI	AUTOREV	1 244	WEDE	AUTOPSY FINDINGS	9
S								g oadst	givon in		PERFO	RMED?	1	AWAILA	BLE PRIOR TO LETION DF CAUSE	
ED											1 TYES	2 NO		OF DE	ATH?	
2										_	1 '				20 2   110	
AN	25. WAS CASE REFERRED	TO MEDICAL					26. P	LACE OF E	DEATH (Ch	eck only	one)					
SIC	1 YES 2 NO		HOSPITAL:	☐ ER/Outpatient	3 🗆 DOA	4   N		ne 5 🗆 R	asidence	8 🗆 OI	ther (Specify)					
PHYSICIAN: MEDICAL	27. MANNER OF DEATH		28a. DATE Of (Month, I		28b. TI	ME OF	. WC	JURY AT DRK?		28d. 0	EŞCRIBE HOW	INJURY O	CCURED			
ВУ	1 Natural 5  Accident	Pending Investigation				M		YES 2 [	NO							
ED	3 Suicide 8 1	Could not be determined	building	OF INJURY — At , atc. (Specify)	nome, tarm	, street, 12	стогу, отн	00			OCATION (Street ity or Town, State		er or Hural	HOURS IN	imoer,	
	29a. CERTIFIER			-2	HEAVIOR	7 5 5	- 110		Aller			and the Ta	ACT .			_
COMPLET	(Check only		ICIAN: To the best of ER: On the basis of											s) end n	nenner as stated.	
	295. SIGNATURE AND TITLE					,			ENSE NU		ş				i, Day, Year)	_
BE	marsen ()	Mell	TIW					Da	237	43		<b>&gt;</b>		2-91		
2	30. NAME AND ADDRESS O	E DEDCON WI	O COMPLETED CAL	ISE OF DEATH #	TEM AT /S-	n Drint)		_								_

MEDICAL EXAMINER: On the basis of exami 290- SIGNATURE AND TITLE OF CERTIFIED

MUNICH O LUCY W

30. NAME AND ADDRESS OF PERSON WHO DOMPLETED CAUSE OF DEATH (IYEM 27) (Typo, Print)

MARTIN WELTZ TO 7525 (SPC NAME)

31. DATE FILED (Month, Day, Your)

APR 03 90

Jack Registran's Signature

Julia Davidson—Fandale 29c. LICENSE NUMBER D23743

Mayland 20770

		8s 1, 2	
BALTIMORE, MARYLAND 21203-3146	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death, Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
MALTIMORE	death. Page 6 may	e funeral director, pa	examiner must t
8	ours after	d in by the	medical
	N 24 A	ation, o	the r
13146,	recuted within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi be filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	atic event,
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	ificate be ex	physician a	her traum
P.O.	ath cert	tending al Hygle	or ot
18,1	the dea	the at	Injury,
ORC	res that	igned by ealth an	rs any
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TAL	I: The k	cate has	item 2
F VI	YSICIAN	s certification the S	10 'pc
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/ISIC	ATTEND	s after d	1 28 is
6	TAL OR	AL DIRE	If Item
	HOSPIT	FUNER WITHIN	TANT
	TO THE	TO THE be filed	IMPOR

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE REGISTRAR		STATE OF MA				HEALTH AND	MENTA	L HYGIEN	E			
1. DECEDENT'S NAME (First,	Middle, Last)	CA	net				2. DATE	OF DEATH	30-90	EAR 3.	TIME OF DEATH	м
4. SOCIAL SECURITY NUMBER	ER	5. SEX	B. AGE (In yrs. last		F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH	8.		CE (State or Foreign	n
368-68-7533		1 □ M 2 <u>X</u> X F	85	YRS.	ONTHS DAYS	HOURS MIN.		th, Day, Ybar) 14–1904		Country)	ois	
9a. FACILITY NAME (If not ins  WIND HEA  RESIDENCE OF DEC	Hh C	et and number) PRC CL/	ter	9	CATTY	RSBURG	EATH		9c. COUNTY	tgon	neky	
10a. STATE	10b. COUNTY			10c. CITY,	TOWN OR LOC	ATION				100	I. INSIDE CITY	
Maryland	Mont	tgomery		G	Saither	sburg					YES 2 NO	
10e. STREET AND NUMBER					,	Of. ZIP CODE					COUNTRY?	
301 Russel						20877			Unite			
	11. MARITAL STATUS  1 Never Married 2XXMarried  3 Wildowed 4 Divorced  12. WAS DECEDENT EVER FORCES? 1 YES, GIVE WAR OR			MEO D	If yes, s	ECENDENT OF HISPA: specify Cuban, Mexica S 2 NO Specif	en, Puerlo		or No 14	Canalla	American Indian, hita, etc. Vhite	
	DENT'S EDUCA		/Gh	re kind of wor	SUAL OCCUPAT	TION post of working	168	b. KIND OF BUS	SINESS/INDUS	TRY		
Elementary/Secondary (0-	1	College (1-4 or 5 +)	ille.	Do NOT use i	retired.)							
		2		Hom	emaker				Home			
17. FATHER'S NAME (First, Mid	adie, Last)	17	ilable			18. MOTHER'S NA						
19a. INFORMANT'S NAME (Ty	ne/Print)	unava		MAII ING A	UUBESS (SM	and Number or Rural	heri	-0		orfe)		
Harold Gaus											· r-	
20s. METHOD OF DISPOSITION	ON		20b. PLACE C	F DISPOSIT		r Mill Ro	oad I		CATION — CH			
1 ☐ Buriel 2 💥 Cremation 4 ☐ Donation 5 ☐ Other		ral from Stata	other pla	ce)		matory					rginia	
21. SIGNATURE OF FUNERAL		NSEE	121	POTTE	22. NAME	AND ADDRESS OF FA	ACILITY	DeVo1	Funera	1 Ho	TATILITY .	
> C	. 2	20/			10	East Deer	r Par	k Driv	re		/IIIC	
23. PART I. Enter the di	BRESS DI CO	mplications that	caused the dec	eth Do not	Gai	thersburg	Ma	ryland	2087	77	Approximate	
ahock, or he	eart failure. Li	st Dnly Dne caus	e Dn aach line.	- DO 1101	r atten tala ii	ioua or uying, auc	Cer are Cer	diac or reap	iatory arrea	Lp	interval Betw	reen
IMMEDIATE CAUSE (Findisease or condition	el .		500	256							Onset and D	Bath
resulting in death)	a.	DUE TO (C	OR AS A CONSEQ	DENCE OF):			. \					
		I	car	she	5	mell	(:+	ers.				
Sequentially list condition if any, leading to immediate		DUE TO (C	OR AS A CONSEO	UENCE OF):								
cause. Enter UNDERLYII CAUSE (Disease or injur											1	
that initiated events resulting in death) LAST		DUE TO (C	OR AS A CONSEQ	UENCE OF):							į. Ž	
rounting in duality and	d.											
PART II. Other algoritical	nt conditiona	contributing to d	leath but not re	suiting in	the underly	ng cause given in	Part I.	24a. WAS AN			RE AUTOPSY FINDI	NGS
								PERFOR		CC	MILABLE PRIOR TO MPLETION OF CAUS	SE
									20		DEATH?	
25. WAS CASE REFERRED TO EXAMINER?		HOSPITAL:				PLACE OF DEATH (C	heck only o	one)				
1   YES 2 NO		1   Inputient 2	ER/Outpetlant 3	□ DOA 4	Nursing He	ome 5 🗆 Rasidence	6 🗆 Oth	er (Specify)				
27. MANNER OF DEATH  1 Netural 5   1		28a. DATE OF II (Month, Day	NJURY (, Year)	28b. TIME	17 1	NJURY AT YORK?	28d. DE	SCRIBE HOW	NJURY OCCU	RED		
	Pending investigation					YES 2 NO						
	Could not be determined	28e. PLACE OF building, a	INJURY — At hor tc. (Specify)	ne, farm, str	eet, factory, of	fica		CATION (Street y or Town, State)		Rural Rout	e Number,	
29a. CERTIFIER	TEVINO BUVELO	IAM. To the hort of	n bank de de	ab			2000					
anal comp						its and place, and du death occured at the					d manner as state	id.
29b. SIGNATURE AND TITLE						29c. LICENSE NU					onth, Day, Year)	
· Joh	00	- Qui	- we	2		2085	541	-	13	31	-90	
30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAUSE	OF DEATH (ITEM	1 27) (Type, P	2(X	WISC	en	SIN	AUP	-	3 TC .	5Q.
31. DATE FILED (Month, Day,	Year)	32. REGISTRAR	'S SIGNATURE		- , 0	~13			1,100			0
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DHMH-16 Rev 1/89

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	24	114	lon,	IMPORTANT: If item 28 is marked, or liem 23 shows any injury, or other traumatic event, the m
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	*	HOL	S	Ne.
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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 ho	TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or	Ξ

	1 - FOR STATE REGISTRAR	STATE OF MARYLAN		TMENT OF H			MENTAL HYGIEN REG. NO					
	1. DECEDENT'S NAME (First, Mirkfle, Last)	17.0	,				2. DATE OF DEATH MONTH D	AYYE.	3. TIME OF DEATH			
	GENE L. J						03 30		) 5 P M			
-			yrs. lest birthday)	MONTHS DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year) SEPT. 27,		BIRTHPLACE (State of Foreign Country)			
179	578-48-1927 1 9s. FACILITY NAME (If not institution, give stree	-T-	89 YRS.	9b. CITY, TOWN C	D L CCATK			1900	CHINA			
E	SUBURBAN HOSPITAL				ETHE		AIH	MONTGOMERY				
L	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY		10c. CIT	Y, TOWN OR LOCAT	ION				10d. INSIDE CITY			
18	Donate and the second	ONTGOMERY		SILVER	SPR	TNC			LIMITS?			
	10e. STREET AND NUMBER	ONIGOTEKI			. ZIP CODE		_	10g. CITIZEN	OF WHAT COUNTRY?			
EB	13331 FOX HALL D	RIVE				209	06	US	A			
FUNERAL		2. WAS DECEDENT EVER IN U				F HISPAN	IC ORIGIN? (Specify Yes	or No- 14.	RACE — American Indien, Black, White, etc.			
益	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES GIVE WAR OR DATES 1 VES 2 VI NO Specify										
ETED	15. DECEDENT'S EDUCAT (Specify only highest grade co	TION projected) College (1-4 or 5 +)		USUAL OCCUPATION work done during more retired.)		g	18b. KIND OF BU	SINESS/INDUST	RY			
	10											
COMPL	17. FATHER'S NAME (First, Middle, Last)											
BE C	LEE LOUNG				NG		SHEE					
TO B	19a. INFORMANT'S NAME (Type/Print)						oute Number, City or Tow		,			
9 -	LIM SHEE GUEN (WIFE) 13331 FOX HALL DRIVE, SILVER SPRING, MAR											
must	28s. METHOD OF DISPOSITION  V Burlel 2 Cremetion 3 Removal from State  4 Donation 5 Dother (Specify)  28b. PLACE OF DISPOSITION (Name of cemetery, cremetory or other place)  GEORGE WASHINGTON CEMETERY  ADELPHI, MARYLAND											
examiner must be notified at once.  TO BE COM	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY FRANCIS J. COLLINS FUNERAL HOME, INC. 500 UNIVERSITY BLVD., W., SIL. SP., MD 20901											
ry, or other traumatic event, the medical	IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):											
MEDICAL CE	PART II. Other significant conditions	contributing to death but	not resulting	in the underlyin	g ceuse (	given in	Part I. 24a. WAS AN PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO			
ed, or liem 23 s PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PI OTHER:	LACE OF D	EATH (Che	eck only one)					
Y S	YES 2 NO 27. MANNER OF DEATH	Inpatient 2 ER/Output	lent 3 DOA			sidence	6 Other (Specify) 28d, DESCRIBE HOW	IN ILIDY OCCUP	ED 5			
	1 Natural 5 Pending	(Month, Day, Year)			PRK?	NO.	2-11	ATT.	Sam'			
28 is mar TED BY	Accident Investigation  3 Suicide 8 Could not be determined	28e. PLACE OF INJURY – building, etc. (Specif)	) _ /	street, factory, offic	- 6	NO	281. LOCATION (Street City or Town, State	)	Aurel Route Number, 35, 71			
IMPORTANT: If Item 2 O BE COMPLET	(Original Oriny	AN: To the best of my knowled On the basis of examination (		ed at the time, date			to the cause(e) end me					
TO BE (	296. SIGNATURE AND TITLE OF CERTIFIER	Le	_	no	29c. LIC	ENSE NUM	s sugar	29d. DATE SI	GNED (Month, Day, Year)			
	30. NAME AND ADDRESS OF PERSON WHO	Tant	e	821	8 4	52	s coms	100	cressed mal			
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNAT	URE Bandall									

DIVISION OF VITAL RECORDS, T.C. ECA. 1914,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detactive many man within 72 hours after death with the State Dent, of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
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	FOR 1 STATE	STATE OF M							MENTAL		E			
	REGISTRAR  1. DECEDENT'S NAME (First, Middle, Last)			ERTIF	ICATI	= Ur	DEA	Н	2 DATE	REG. NO.			2 TIME	OF OEATH
	Charles H.T. (	roves							Apri	7 7	w 19	9VSAR		5 A.M.
	4. SOCIAL SECURITY NUMBER		6, AGE (In yrs. I	ant hirthday)	IF UNDER	1 VEAD	IF UNDER	24 MBC		OF BIRTH	-			***
		1X M 2 F	or rote in your	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month	th, Day, Year) Country)				
	214-05-9227  9e. FACILITY NAME (If not institution, give s				01 OIT	70401	OR LOCATION	ON OF DE		27.19		Mar NTY OF DE	<u>ylan</u>	<u>d</u>
œ	319 East Offutt S						land,			d		egan		
0	RESIDENCE OF DECEDENT	rieet			Oun		- Carra		. y 1 a			-8		
띮	10a. STATE 10b. COUNT	Y		10c. CIT	Y, TOWN	OR LOCAT	ION						10d. INSI	DE CITY
DIRECTOR	Maryland Alleg	anv			Cumbe	rla	nd						1 X YE	5 2 NO
AL	10e. STREET AND NUMBER					101	. ZIP COD	E			10g, CIT	IZEN OF W	HAT COU	NTRY?
EB.	319 Offutt Street	_			21502							USA		
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT								? (Specify Yes	or No-	14. RACE	— Ameri	cen Indien, tc.
	1 Never Married 2 Married	FORCES? 1		gNO			2 ANO			Rican, atc.)		Specif	v:	
ВУ	3 Widowed 4 Divorced	<u> </u>											Wh	ite
COMPLETED	15. DECEOENT'S EOU (Specify only highest grade	CATION completed)		DECEDENT'S (Give kind of ife. Do NOT u	work done	during mo	ON ast of workin	ng	16b.	KIND OF BUS	SINESS/IN	DUSTRY		
Ë	Elementary/Secondary (0-12)	College (1-4 or 5+)		Machi					1	Rai	lroad	1		
MP	Secondary		1	Macili	IIISC									
8	17. FATHER'S NAME (First, Middle, Last)									(Mort		21106		
H	Martin V. Groves		1.											
196. INFORMANT'S NAME (Type/Print) 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Eva Marie Groves 319 East Offutt Street Cumberland, MD 21502									)2					
Eva Harre Groves														
	20a. METHOD OF OISPOSITION 1 X Burial 2 Cremetton 3 Rem	oval from State	other	place)								rland		)
	4 Donation 5 Other (Specify)	CENSEE.		Mt. H			MD ADDRE		CILITY		umbe	Lianu	, ril	, 
	1 1		ΛΑ	-1	S	carp	elli	Fune	eral	Home,	P.A	•		
	Yamest.	Xican	elli!	Mr.						ie Cui			MD	21502
	23. PAITT. Enter the disesses, Dr. ehDck, Dr heert feilure.				not ente	r the mo	de of dy	ing, suc	h es csro	liec or respi	ratory si	rest,		proximete ervai Between
	IMMEDIATE CAUSE (Finel													set end Death
	disease or condition resulting in deeth)	е	MYOCA			ARC	rion							30 min
	5		OR AS A CONS											
2	Sequentially liet conditions,		terio-S			Hea:	rt Di	lseas	se -	CVA				
≝	if any, leeding to immediate ceuse. Enter UNDERLYING	DUE TO	OR AS A CONS	SEOUENCE (	OF):								i	
일	CAUSE (Diseese or injury	C. DUE TO	OR AS A CONS	EOHENCE (	NEV:								<del>-i-</del>	····
ERTIFICATION	thet initiated events resulting in deeth) LAST	552 10	OIL NO A CONS	LOGENOL	,,,								ĺ	
15		d												
ادا	PART ii. Other significent condition	ns contributing to	deeth but no	t resulting	in the u	nderiyin	g ceuse	given in	Part i.	24a. WAS AN PERFOR		24b.		TOPSY FINDINGS LE PRIOR TO
일										1   YES 2				TION OF CAUSE
MEDICA											A			S 2 NO
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	шоопты					LACE OF D	DEATH (Ch	eck only or	ne)				
Š	XX YES 2 NO	HOSPITAL:	ER/Outpatlant	3 🗆 DOA	OTHE		ne 5 🏋 A	ealdence	8 🗆 Othe	er (Spectfy)				
PHY	27. MANNER OF DEATH XX Natural 5 Pending	26s. DATE OF (Month, De	INJURY ny, Year)	26b. TI	ME OF	26c. IN.	JURY AT ORK?		28d. DE	SCRIBE HOW I	NJURY O	CCURED		
BY	A Natural 5 Pending 2 Accident Investigation				М	1 🗆	YES 2 [	NO						
8	3 Suicide 6 Could not be 4 Homicide determined	28a. PLACE Of building,	F INJURY — At atc. (Specify)	homa, farm,	street, te	ctory, offic	in .		28t, LOC City	CATION (Street or Town, State)	and Numbe	or Rural F	Route Num	ber,
	29a. CERTIFIER			4										
OMPI	(Check only one)  1 CERTIFYING PHYS 2 MEDICAL EXAMIN	ER: On the best of											) and me	nner as stated
8				- niveergat	in my	-pmaon,				- Lito Piece, et				
띪	29b, SIGNATURE AND TITLE OF CERTIFIE	4	De	putv	Med.	Exs		ENSE NU	DO 7	098	29d. DA	TE SIGNED		vay, Teal)

29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) Deputy Med. Exam Md. DO 7098 4-7- 90

AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

gelo. M.D. 900 Seton Drive, Eumberland, Md. Giovanni Mastrangelo.

3. TIME OF DEATH

10d. INSIDE CITY LIMITS? 1 X YES 2 | NO

white

**Approximate** interval Between Onset and Deeth

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO

14. RACE — American Indian, Black, White, atc.

P. M

6. BIRTHPLACE (State or Foreign Country)

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direct be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner mi
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	24	fill for	9
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5 Pending Investigation

8 Could not be

200. SIGNATURE AND TITLE OF CERTIFIER

1 Natural

2 Accident

3 Suicide

4 🗌 Homicide

B

COMPLETED

BE

2

	HEGISTHAH		CE	CHILIF	CALE	JE DEA	III	HEG	i, NO.			
	1. DECEDENT'S NAME (First, Middle, Las	1)						2. DATE OF DEA	DAY	YEAR	3. TIME OF DE	
	PAUL FRAN	ICIS	GALLEN					April:	3, 1990		10:20	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	t birthday)	MONTHS DA		MIN.	7. DATE OF BIRT		6. BIRTHP	PLACE (State or	
- 1	216-38-2179	1 5 M 2 🗆 F	49	YRS.					-1940	MD		
	9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY, TO	WN OR LOCATI	ON OF DE	ATH	9c. COUNT	TY OF DE	ATH	
5	Memorial Hospita	1			Cu	mber1a	nd		A11	egan	ıy	
2	10a. STATE 10b. COUR	(TY		10c. CIT	Y, TOWN OR L	OCATION					10d. INSIDE CI	
DIRECTOR	MD A	llegany			Cur	mberla	anđ				LIMITS?	
	10e. STREET AND NUMBER			1							HAT COUNTRY	
FUNERAL	lll Maple S	treet				21502	2		1	USA		
5	11. MARITAL STATUS		NT EVER IN U.S. AR		13. WAS	DECENDENT O	OF HISPAN	IC ORIGIN? (Spec	ify Yea or No-	14. RACE	- American in White, etc.	
	1 Never Married 2 Married 3 Wildowed 4 Divorced		WAR OR DATES	•0	1 Nes 2 NO Specify: Specify:							
_		1									whi	
	15. DECEDENT'S EI (Specify only highest gra	ide completed)	(G	IVE KIND OF A	WORK done during metimal.)	PATION ig most of worki	ing	16b. KIND (	OF BUSINESS/INDU	STRY		
וי	Elementary/Secondery (0-12)	College (1-4 or 5	+)	_								
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		Lsa	lesm	nan	16. MOT	HER'S NAI	ME (First, Middle, I	Maiden Sumame)	<u> </u>	ng	
		1										
2	Paul J. Gal	TEU	:19	b. MAILING	ADDRESS (St			ita Ry Route Number, City	or Town, State, Zip (	Code)		
2	Mrs. Leigh A. Norris Cumberland, MD 21502											
	20a, METHOD OF DISPOSITION		20b. PLACE	OF DISPOS		of cemetery, crei			oc. LOCATION — C	ity or Tov	vn, Stata	
	1 Donation 5 Other (Specify)	moval from State	SS P	eter	· Dani	L Ceme	tor	.,	umberl	5nc	. MD	
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE			22. NAM	E AND ADDRE	SS OF FA	diny Filinera	1 Home	******		
	> (   can a = =	7 Acc	.01/	/ .								
-	23. PART I. Enter the diseases, or complications that beused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory errest, Approx											
	/ahock, or heert fellure. List only one ceuse on eech line.											
	iMMEDIATE CAUSE (Fine)	Mala	10,2010	1 (	7	Lans 1	201	120 C	norll C	000	Onset	
	reaulting in deeth)	e. DUE TO	O (OR AS A CONSE	OUENCE O	<u> </u>	44)	710	11- 81	V(vac C		4	
_		_		E m	not	to	la	rain	,		j	
<u></u>	Sequentielly list conditions, if any, leading to immediate	DUE TO	O (OR AS A CONSE	OUENCE O		1						
CAT	ceuse. Enter UNDERLYING		Seilm	R	dh'S	nd	1.					
CERTIFICATION	thet initieted events	DUE TO	O OR AS A CONSE	OUENCE O	F):							
EH	reaulting in deeth) LAST	d										
	PART II. Other significent condit	ions contributing t	o deeth but not	resulting	in the under	rlying cause	given in	Part i. 24a. V	WAS AN AUTOPSY	24b.	WERE AUTOPS	
S									ERFORMED?		AVAILABLE PRICOMPLETION C	
MEDICAL		-						_   '	YES 2 AND		OF DEATH?	
											1 TES 2	
A	25. WAS CASE REFERRED TO MEDICAL	. T				26. PLACE OF I	DEATH (Ch	eck only one)				
SICIAN:	EXAMINER?	HOSPITAL:	☐ ER/Outpatient 3	DOA	OTHER:			6 Other (Spec	f(v)			
PHY	27. MANNER OF DEATH	28e, DATE O	F INJURY	26b. TIN	E OF 28	c. INJURY AT			HOW INJURY OCC	UREO		
٥	1 Netural 5 Pending	(Month,	Day, Year)	IN.	JURY	WORK?	_ wo					

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

9

281, LOCATION (Street and Number or Rural Route Number, City or Town, State)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Dr. Qamar Zaman, Memorial Hospital Medical Building, Cumberland, MD

28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify)

29s. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best ol my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated.

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(a) and menner se stated.

1 YES 2 NO

34 REGISTRAR SEGNATION APR 06 1990

mens

11.00

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burlat, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	T _ SIAIC	TATE OF MARYLA		NT OF HEALTH AND		E	
	REGISTRAR  1. DECEDENT'S NAME (First, Middle, Last)		CERTIFICA	TE OF DEATH	REG. NO.		3. TIME OF DEATH
	Capve (dia)	6-211:	1	A	MONTH DA		0839 am
	4. SOCIAL SECURITY NUMBER 5.	SEX 6. AGE (In	yrs. lest birthday) IF UNI	DER 1 YEAR   IF UNDER 24 HRS.	7. DATE OF BIRTH		HTHPLACE (State or Foreign
	1-00 10 01/01	M 2 M F	YRS. MONTH		Feb 3, 19	,C(	ountry)
J	9e. FACILITY NAME (if not institution, give street a	and number)	9b. C	TY, TOWN OR LOCATION OF DI		9c. COUNTY C	PE DEATH
1	ST AGIOPS IL	saital	0	- 11 -	2:11		more
HOL)	RESIDENCE OF DECEDENT	7301100		altimore (	2144	Duiti	INOIE
E C	10e. STATE 10b. COUNTY	4	10c. CITY, TOW	N OR LOCATION			10d. INSIDE CITY LIMITS?
		more	1 100 H	- more			1 YES 2 NO
FUNERAL	10e. STREET AND NUMBER	11000		101. ZIP CODE	7	10g. CITIZEN	OF WHAT COUNTRY?
Ä	1214 Eutaw 1	race	<u> </u>	12/1		4.5	
2	1 Never Married 2 Married		2 NO	<ol> <li>WAS DECENDENT OF HISPAI If yes, specify Juben, Mexica</li> </ol>	n, Puerto Rican, etc.)	or No— 14. F	RACE — American Indian, Black, White, etc.
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DAT	Ea	1 TYES 2 NO Specif	y:	R	EcK
<u> </u>	15. DECEDENT'S EDUCATION	IN .	18a. DECEDENT'S USUAL	OCCUPATION	16b. KIND OF BUS	INESS/INDUSTF	iv .
	(Specify only highest grade comp	oleted)	(Give kind of work do life. Do NOT use retire	ne during most of working d.)			,
를	UNKNOWA		4 NKNOU	UN	UNK	NOW	N
COMPLE	17. FATHER'S NAME (First, Middle, Lest)			18. MOTHER'S NA	ME (First, Middle, Malden	Sumame)	
	UNKNOWN			UNK	nown		
2	INFORMANT'S NAME (Type/Print)	. /	19b. MAILING ADDR	ESS (Street and Number or Rural	Route Number, City or Town		
	hence Hexa		1214 EL	ITAW PL. E	XIII + Imore		2/2/7
	20e. METHOD OF DISPOSITION  1   Buriel 2 Cremetion 3   Removal	from State 20b. I	PLACE OF DISPOSITION other place)	(Name of cemetery, crematory or	20c. LO	CATION - City	or Town, State
	4 Donetion 3 Other (Specify)	ICE	COULT HILL	Crematory 22. NAME AND ADDRESS OF FA	34	1+ 19N	7,770
	21. SIGNATURE OF PUNEHAL SERVICE LICENS			22. NAME AND ADDRESS OF FA	HO019	es + c	duoras
	Amice (	Ruard	2/	200 renn.	Ave. Su.	flank	y, Nd
	23. PART I. Enter the diseeses, or com- shock, or heart failure. List			ter the mode of dying, suc	h as cerdlec or reepi	ratory arreat,	Approximate Interval Between
	IMMEDIATE CAUSE (Final						Onset and Death
	disease or condition resulting in deeth)	SEP\$1					
		4.4	CONSEQUENCE OF):	1. / -			
S O	Sequentielly list conditions, b	DUE TO (OR AS A C		nfection.			
RTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	DOE TO (OH AS A C	CONSECUENCE OF):				İ
2	CAUSE (Diseese or Injury that initieted eventa	DUE TO (OR AS A	CONSEQUENCE OF):		<u> </u>		
	resulting in death) LAST						
ILI I	a						
CE	DAME II O		t not resulting in the		Part I. I 24s. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS
4	PART II. Other eignificent conditions co			underlying cause given in	PERFOR	MED?	AMAILABLE PRIOR TO
4	PART II. Other eignificent conditions co			underlying cause given in			AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL				underlying cause given in	PERFOR		COMPLETION OF CAUSE
MEDICAL	Dementia,				PERFOR		COMPLETION OF CAUSE OF DEATH?
MEDICAL	i) e mentra ,  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	Deluy dia	tion,	28. PLACE OF DEATH (C)	PERFOR		COMPLETION OF CAUSE OF DEATH?
MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 ANO  1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Delly dia	tton,	26. PLACE OF DEATH (C)	PERFOR  1   YES 2  neck only one)  8   Other (Specify)	Мио	COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1   YES 2   70   1   27. MANNEB OF DEATH 1   Netural 5   Pending	Deluy dia	tion,	28. PLACE OF DEATH (CI	PERFOR	Мио	COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 18  27. MANNEB-OF DEATH 1 Natural 5 Pending 2 Accident Investigation	Deluy dia	tton ,  ttent 3 DOA 4 DOA 4 DOA A DOA A DOA A DOME, farm, street,	28. PLACE OF DEATH (C/	PERFOR  1   YES 2  neck only one)  8   Other (Specify)  28d, DESCRIBE HOW (  28f, LOCATION (Street	NJURY OCCURE	COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO
ED BY PHYSICIAN: MEDICAL	i) e mentica.  25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1  YES 2  TO 1 1 5 1 2 7 MANNEB-OF DEATH 1 Netural 5  Pending	Delluy de of Deptral: Impetient 2 ER/Outper 28e. DATE OF INJURY (Month, Day, Year)	tton ,  ttent 3 DOA 4 DOA 4 DOA A DOA A DOA A DOME, farm, street,	28. PLACE OF DEATH (C/	PERFOR  1 YES 2  Peck only one)  a Other (Specify)  28d. DESCRIBE HOW I	NJURY OCCURE	COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO
ED BY PHYSICIAN: MEDICAL	i) e mentra.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	Deluy de of Depth Le Properties 1 Després Le Properties 2 ER/Outpar (Month, Day, Veer) 28e. PLACE OF INJURY - building, etc. (Specific	tient 3 DOA 4 DOA 1 TIME OF INJURY	28. PLACE OF DEATH (C) IEFR: Nursing Home 5	PERFOR  1   YES 2  Deck only one)  a   Other (Specify)  28d. DESCRIBE HOW I  City or Town, State)	NJURY OCCURE	COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO
ED BY PHYSICIAN: MEDICAL	i) Q MENTICA.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO 16  27. MANNEB-OF DEATH  1 Netural 5 Pending Investigation  3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only)	Deluy did  DSPITAL: Inpatient 2 = ER/Outpa  28e. DATE OF INJURY building, etc. (Specific to the best of my knowled)	tten ,  tlent 3 DOA 4 DOA 1 DO	28. PLACE OF DEATH (C) IER: Nursing Home 5  Residence 28c. INJURY AT WORK? 1  YES 2 NO factory, office	PERFOR  1 VES 2  Deck only one)  a Other (Specify)  28d. DESCRIBE HOW I  City or Yown, State)  to the cause(s) and many	NJURY OCCURE	COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  D  D  D  D  D  D  D  D  D  D  D  D  D
4	i) Q MENTICA.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO 16  27. MANNEB-OF DEATH  1 Netural 5 Pending Investigation  3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only)	Deluy did  DSPITAL: Inpatient 2 = ER/Outpa  28e. DATE OF INJURY building, etc. (Specific to the best of my knowled)	tten ,  tlent 3 DOA 4 DOA 1 DO	28. PLACE OF DEATH (C) IEFR: Nursing Home 5	PERFOR  1 YES 2  Deck only one)  a Other (Specify)  28d. DESCRIBE HOW I  28f. LOCATION (Street City or Town, State)  to the cause(s) and many of time, date and place, and	NJURY OCCURE and Number or R	COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  D  D  D  D  D  D  D  D  D  D  D  D  D

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

MID

32. REGISTRAR'S SIGNATURE
Davidson-Randoll

HUERTA

ELMER

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31. DATE FILED (Month, Day, Year)

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MD

Baltimore

DHMH-18 Rev 1/89

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be the fined within 72 hours after death with the State Dent, of Health and Mental Hypiene prior to burial, cremation, or removal.	IMPORTANT If them 28 is marked, or frem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at
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2	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fine within 72 hours after death with the State Deut, of Health and Mental Hygiene prior to burial, cremation, or removal.	2
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	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPAR CERTIF	ITMENT OF	HEALTH F DEAT	AND M	ENTAL HYGIENI REG. NO.	E	
	1. DECEDENT'S NAME (First, Middle, Lost)	E. Gile	25				2. DATE OF DEATH	18 198	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (III	n yrs. last birthday) 7 YRS.	IF UNDER 1 YEA		24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year) 11/16/12		BIRTHPLACE (State or Foreign Country) aryland
R I	9a. FACILITY NAME (II) not institution, given st	efit and number)	sita 1	96, CHTY, TOY	H OR LOCATI	//		9c. COUNTY	
DIRECTOR	RESIDENCE OF DECEDENT  10a, STATE  10b, COUNTY	111 17031	10c. CIT	Y, TOWN OR LO	CATION		7700	11/11	10d. INSIDE CITY
DIRI	Maryland Harf		1,500	berdeer					LIMITS?
FUNERAL	434 Dorsey Stree	et.			101, ZIP COD	21001		10g. CITIZEN	of what country?
FUNE	11. MARITAL STATUS 1 🔯 Never Married 2 🗍 Married	12. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED				ORIGIN? (Specify Year Puerto Ricen, etc.)	or No— 14.	RACE — American Indian, Black, White, atc.
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA			YES 2X NO	Specify:			specify: Black
	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)			work done during se retired.)	ATION most of workli	ng	16b. KIND OF BUS	INESS/INDUST	FRY
100	17. FATHER'S NAME (First, Middle, Last)	0	Unemp1	oyed	1				
BE 66	Samuel Howard	l Giles					E (First, Middle, Melden Llizabeth		
10	190. INFORMANT'S NAME (Type/Print) Dora Broadwater			Dorsey			ute Number, City or Town Aberdeen		
	20e. METHOD OF DISPOSITION  1 🔀 Burlel 2 🗆 Cremation 3 🗆 Remo  4 🗇 Donation 5 🗆 Other (Specify)	oval from State	other place)						or Town, State n, Maryland
	21. SIGNATURE OF PUNEBAL SERVICE LICE		IIOII OIII	22. NAM	E AND ADDRE	SS OF FACI	LITY		
	- NOONOM.	me			larrin Aberde	g-Car en,Ma	go Funera ryland 2	1 Home 1001-3	399 A.
		omplications that caused List only one cause on ea		not enter the	mode of dy	ing, such	ae cardiec or respi	ratory errest	Approximate Interval Between Onset and Death
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)	PNEUA		PD:					3 JAYS.
NO	Sequentielly list conditions,	OUE TO (OR AS A							
CAT	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	OUE TO (OR AS A							
CERTIFICATION	that initiated events resulting in deeth) LAST	doe 10 (on As A	CONSECUENCE	···):					
CAL C	PART II. Other significant conditions			In the under	ying ceuse	given in P	art I. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDIC	ALCOHOLIC	LIVER DIS	EME.				1 YES 2	₩ NO	OF DEATH?
N N									1 723 2 10
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 ☐ YES 2 🛣 NO	HOSPITAL:	a [] pos	OTHER:	B. PLACE OF C		1 7 1 7 1 1 1 1 1		
ЭНХ	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	26b. TIR		INJURY AT WORK?		Other (Specify) 28d. DESCRIBE HOW I	NJURY OCCUR	RED
ВУ	1 Neturel 5 Pending 2 Accident Investigation			M 1	YE\$ 2		244 1 004 71011 7011		David Over Markey
TED	3 Suicide e Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec		street, factory,	Office		281. LOCATION (Street a City or Town, State)	and Number or	Rural Houte Number,
COMPLETED	cont only	CIAN: To the best of my knowl R: On the besis of examination							ause(s) and menner as stated.
BE CO	296. SIGNATURE AND TITLE OF CERTIFIER UILLAUS								
5	30. NAME AND AODRESS OF PERSON WHO	O COMPLETEO CAUSE OF DE	ATH (ITEM 27) (Type	e, Print)	- ··	32(	609.	2	91000
	31. DATE FILED (MONTH, DBy, YOR)	THAN 42	ATIME .	ARU S	1. 14	HAKE	DE GRAPEC	MI	210 7¥
	^ ADD 02 '90	32. REGISTRAR'S SIGN	lson-Randa	02					

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BALTIMORE, MARYLAND 21203-3146	ter death. Page 6 may be retained by the hospital or attending physician.	the tuneral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3
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IN THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the four after death. Page 6 may be retained by the hospital or at INTHE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use be filed within 72 hours after death with the State Dept. of Heatth and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Nem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	1. DECEDENT'S NAME (First)	Middle, Last)	G	TONE					2. DATE OF DEATH MONTH	PAY -	9 VEAR	3. TIME OF DEATH P
	4. SOCIAL SECURITY NUME 217-64-9485	BER	5. SEX	6. AGE (In yrs. 36		IF UNDER	1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 3-7-54			
TOR	9a. FACILITY NAME (If not in	astitution, give s		HUSPII	HL	9b. CITY	, TOWN C	OR LOCATION OF DI	EATH	9c. COU	NTY OF D	Buning
DIRECTOR	RESIDENCE OF DEC	10b. COUNT	harles			ry, town i		TION				10d. INSIDE CITY LIMITS? 1 YES 2 TOND
FUNERAL	Box 175 Fi	re Tow	er Road				101	20693		10g. CIT		WHAT COUNTRY?
BY	11. MARITAL STATUS  1 Never Married 2 🔀  3 Widowed 4 Divo		12. WAS DECEDEN FDRCES? 1 IF YES, GIVE V	YES 2X	ARMED AND		If you, sp	ENDENT OF HISPAI ecify Cuben, Mexico NO Specif	NIC ORIGIN? (Specify an, Puarto Ricen, etc.) by:	Yea or No	14. RACI Blac Spec	E — American Indian, k, White, alc. illy: White
COMPLETED	15. DEC (Specify onl Elementary/Secondary (C 12	EDENT'S EDU y highest grade	College (1-4 or 5	+)	Glve kind of the Do NOT to	work done ise retired.)	CCUPATIO during mo	ON st of working	16b. KIND OF E		DUSTRY	
BE CON	17. FATHER'S NAME (First, M Ralph Garne	er						Mildre	ME (First, Middle, Maid d Tayman			
TO	Deborah A.	Garner			Box 1	75,F	ire	Tower Rd	.,Welcome	,Md. 2	20693	
	208 METHOD OF DISPUSIT  CARRIED 2 Cremetic  4 Donallon 6 Other  21. SIGNATURE OF PUNEAR	(Specify)		other	place)	tion	Cem	etery			on, Ma	aryland
	Mary	-	MA	3		6 C	633 1int	Old Alex on, Maryl	ander Fer and 20735	ry Roa	ad	7110.
	23. PART I. Enter the d shock, or h IMMEDIATE CAUSE (Fir disease or condition resulting in death)	eart failure.	a. Care	CON AS A COM	Pul	). a		de of dying, suc	0			Approximate interval Between Onset and Daath
CERTIFICATION	Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or Inju- that initiated events resulting in death) LAS	diate iNG ary	b. OUE TO	1.00	SEQUENCE C	en	n	66 ces.	sion strol	,		
MEDICAL	PART II. Other algnifica	type	en CC	(eu	t resulting	5	nderlyln	g cause given in	PERI	AN AUTOPSY FORMEO?	246	D. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED T EXAMINER? 1 YES 2 NO	O MEDICAL	HOSPITAL:	☐ ER/Outpatient	3 🗆 DOA	OTHE 4   Nu	R:	LACE OF DEATH (C)	heck only one)  6  Other (Specify)			
BY PHY	27. MANNER OF DEATH  1 Netural 5  2 Accident	Pending Investigation	28a. DATE Of (Month, L		28b. TII	ME OF IJURY M	WC	URY AT ORK? YES 2 NO	28d. DESCRIBE HD	W INJURY OC	CURED	
	3 Suicide 6 4 Homicide	Could not be determined	28e. PLACE ( building,	OF INJURY — At, etc. (Specify)	home, farm,	street, fac	tory, affic		261. LOCATION (Stre City or Town, Str		or or Rural	Route Number,
COMPLETED	one)								a to the cause(a) and o a time, data and placa,			a) and manner as stated.
TO BE C	29b. SIGNATURE AND TITLE	OF CERTIFIE	75	Atte	e	7		29c. LICENSE NU	MBER	29d. DAT	3	0 (Month, Day, Year) 26 90
-	30 NAME AND ADDRESS OF SOME AND ADDRESS OF SOME AND ADDRESS OF SOME AND ADDRESS OF SOME ADDRES	2067	HO COMPLETED CAU	NP=	# (0	e, Print)	E X	to	MEAN	AN	151	or wit
	MAR 30 '90	rear)	July Davidso	AR'S SIGNATURI	2						-3	DHMH-16 Rev 1/8

3. TIME OF DEATH 6:19AM

М

DHMH-18 Rev 1/89

2. DATE OF DEATH DAY

4-1-90

Josette

Marie

Gandara

BALTIMORE, MARYLAND 21203-3146

IMPORTANT: It Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last		IF UNDE	DAYS	IF UNDER	MIN.	(Mon	th, Day, Year)		Country)	CE (State or Foreign
	219-98-7528	1 - M 2 X F	16	YRS.						r. 26,1		FLOR	
_	9a. FACILITY NAME (If not institution, give at				9b. CIT	Y, TOWN C	R LOCATI	ION OF DE	HTA			NTY OF DEATH	
TOR	St. Mary's Hospit	al			L	eona	dto	wn_			St.	Mary's	S County
<u>교</u>				10c. CITY	Y, TOWN	OR LOCAT	ION					100	I. INSIDE CITY LIMITS?
H	MARYLAND ST	. MARY'S		C	HARI	LOTTE	HAL	L				16	YES 2 NO
A	10e. STREET AND NUMBER					101	ZIP COD	E			10g. CIT	IZEN OF WHAT	COUNTRY?
E	#233 CHEYENNE CO	URT					2062	22				U.S.	Α.
5	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. ARI	MED							14. RACE Black, WI	American Indian, nite, atc.	
BY	3 Widowed 4 Divorced											Specify:	IITE
		16a. DE	CEDENT'S	USUAL (	OCCUPATION	N			b. KIND OF BUS	INESS/INI	DUSTRY		
	Elementary/Secondary (0-12)	+) life.	Do NOT us	e retired.	)	SI OF WORK	Try						
MP	10	SI	TOBBNI							OOL			
To a. State 10b. County MARY I 10c. CITY, TOWN OR LOCATION 10c. STREET AND NUMBER 10c. STRE													
Specify: Specify: WHITE													
198. INFORMANT'S NAME (TyperPrint)  199. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  MR. RAUL E. GANDARA  P.O. BOX 339, CHARLOTTE HALL, MARYLAND 20622  200. METHOD OF DISPOSITION (Name of cornetery, cremetory or other place)  ALL FAITH EPISCOPAL  22. NAME AND ADDRESS OF FACILITY  BRINSFIELD FUNERAL HOME												0622	
	20a. METHOD OF DISPOSITION		20b. PLACE	OF DISPOS									
		oval from Stata	ALL ALL	FAIT	H E	PISCO	PAL			CHAR	LOTI	E HALI	, MD.
	21. SIGNATURE OF FUNERAL SERVICE INC	ENSEE D		1						AT HOME			
	Command III.	Dun	1	/ /								ND 20650	
23. PART I. Enter the diseases, or complications that caused the daily. Do not enter the mode of dyl													Approximate
ţ		List only one car	use on each line										Interval Between Onset end Death
	disease or condition	Rupture	d spleen	1									
				DUENCE OF	F):								
NO				LIENCE O	Ð.								
ATI		542 10	(on no n oonacc	JOEHOL O	. ,.								
띮		DUE TO	(OR AS A CONSEC	OUENCE O	F):								
F	resulting in death) LAST	d						_					
	PART ii. Other eignificant condition	e contributing to	death but not r	esuiting	in the t	underlyin	r cause	given in	Part I.	24s. WAS AN	AUTOPSY	24b, WE	RE AUTOPSY FINDINGS
S		-								PERFOR		co	MILABLE PRIOR TO MPLETION OF CAUSE
요										TATE .			DEATH?
2										1			
PART II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part  NOTICE 25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  MOSPITAL:  OTHER:  OTHER:								neck only	one)				
	MYES 2 □ NO	HOSPITAL: 1   Inpatient 2	XXX/Outpatient 3	□ DOA	OTHE 4 □ N		e 5 □ F	lesidence	6 🗆 Otl	ner (Specify)			
PHYSI	27. MANNER OF DEATH  Natural 5 Pending	26a. DATE O	F INJURY Day, Year)	28b. TIM	IE OF JURY		RK?		28d. D	ESCRIBE HOW I	NJURY OC	CURED	
B	2 Accident Investigation	20 DI ACE	OF INJURY — At he		M		YES 2	∐ NO	201.16	CATION (Street	and Manager	or or Orani Court	Mumbar
	3 Suicide 8 Could not be determined		, atc. (Specify)	nne, min,	atreet, ie	rotory, onto	•			y or Town, State)		or nurar rious	i ivaniboi,
	29a. CERTIFIER	CIAN. To the beat	4 111										
COMPLET	(Check only one) XXXMEDICAL EXAMINE	CIAN: To the bast of											d manner as stated.
BEC	296. SIGNATURE AND TITLE OF CERTIFIE		/					CENSE NU			29d. DA	TE SIGNED (M	
TO B	Muhrie	My	rull					OCME				4-1-	90
F	30. NAME AND ADDRESS OF PERSON WH MARGARITA A. KOI		SE OF DEATH (ITE	M 27) (Type	, Print)	1	11 5		CLMG	ot Dal	Lima	140	04004
	MARGARITA A. KORELL, MD 111 Penn Street, Baltimore, MD 21201 v												
	31. DATE FILED (Morith, Day, Year)  APR 0 3 '90		AR'S SIGNATURE.	Randel	22		II P	enn	Stre	et,Bal	CHIIO.	re,MD	21201 V

uted within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Debt. of Health and Mental Hyglene prior to burial, cremation, or removal.	c event, the medical examiner must be notified at once.	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi be filed within 72 hours after death with the State Deot. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE	0F	MARYLAND .	DEPARTMENT	0F	HEALTH	AND	<b>MENTAL</b>	HYGIENE
		C	ERTIFICATE	O	F DEAT	TH		REG. NO.

1 - FOR STATE REGISTRAR		STATE OF MARYL	AND / DEPARTM			MENTAL HYGIE		
1. DECEDENT'S NAME (First,	Middle, Last)					2. DATE OF DEATN		3. TIME OF DEATN
FLORENC	er m	. GILL				04 - 0		AR 0051 M
4. SOCIAL SECURITY NUMB			In yrs. last birthday) IF	UNDER 1 YEAR	IF UNDER 24 HRS.	7 DATE OF BIRTH	8. 1	BIRTNPLACE (State or Foreign
216-28-86	-/		P YRS. MO	THE DAYS	HOURS MIN.	(Month, Day, Year) A -/- 32		Maryland
9a. FACILITY NAME (If not in:	_			CITY, TOWN C	OR LOCATION OF DE	EATN	9c. COUNTY	
CARROLL C	COUNTY	GENERAL I	HOSPITAL (	NEGTM	INSTER		CAR	ROLL
10a. STATE	10b. COUNTY		10c. CITY, TO	OWN OR LOCAT	TION			10d. INSIDE CITY LIMITS?
Maryland	Car	roll	S	ykesvi	.11e			1 YES 2 NO
100. STREET AND NUMBER				101	. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
3915 Londor	n Bridg	e Rd.			21784			USA
11. MARITAL STATUS		12. WAS DECEDENT EVER IF FORCES? 1 YES	U.S. ARMED			NIC ORIGIN? (Specify in, Puerto Rican, etc.)	fen or No- 14.	RACE - American Indian, Black, White, etc.
1 Never Married 2 X 3 Wildowed 4 Divo		IF YES, GIVE WAR OR D.			2 K NO Specifi			Specify:
	1	**************************************					1	White
(Specify only	EDENT'S EDUCA highest grade co	ompleted)	(Give kind of work tile. Do NOT use re	done during mo	on ost of working	16b. KIND OF E	BUSINESS/INDUST	THY
Elementery/Secondary (0	-12)	College (1-4 or 5+)						
1 Z, 17. FATHER'S NAME (First, M)	Iddle Leath		роокк	eeper	10 1107117010 110	ME (First, Middle, Maid		
	,,				CONT. DOM.			
Samuel H.		lis	10h MAILING AD	DDECC (Street		ace O. Ha		fal
Robert E.		Two						
209, METHOD OF DISPOSITI			. PLACE OF DISPOSITE				LOCATION - City	Md. 21784
1 X Buriel 2 Cremetio	n 3 🗆 Remov	ral from State	other place) Garrison F					
21. BIQUATURE OF FUNERAL			Jailison P		ND ADDRESS OF FA		ings mi	IIS, Mu.
	12	5	-				4 Reist	erstown Rd.
Sams	~	L	me	Eline	Funeral	. Home Rei	stersto	wn, Md. 21136
ahock, or hi IMMEDIATE CAUSE (Fin disease or condition resulting in death)		SUB A	ACCIANO A CONSEQUENCE OF):	د ک	HEMOR	RHAGE		Interval Between Onset and Death 533
Sequentially liet condition in any, leading to immediate. Enter UNDERLY! CAUSE (Disease or Injurtat Initiated events resulting in death) LAS	diata ING Iry c.		CONSEQUENCE OF):					
	a.							
PART II. Other algorifica		CONTRIBUTING TO GENTH IN	<del>-</del>			PERE	AN AUTOPSY FORMED? 2 NO	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO	O MEDICAL			24 D	LACE OF DEATH (C/	hank only one)		
EXAMINER?		HOSPITAL:		THER:				
1 YES 2 NO	1	1 V Inpetient 2 - ER/Out	28b. TIME O		JURY AT	6 Other (Specify)  28d. DESCRIBE NO	W IN ILIEN OCCUR	50
	Pending	(Month, Day, Year)	INJUR	r Wo	ORK? YES 2 NO	288. DESCRIBE NO	W INJURY OCCUR	EO
2 Accident	Investigation	28a PLACE OF IN HIE	— At home, farm, stre			28f. LOCATION (Stre	et and Alumbas as i	Drived Strick Mumber
	Could not be determined	building, etc. (Spe	clfy)	et, suctory, one		City or Town, St.		north ribble retriber,
conductionly		IAN: To the bast of my know						suso(a) and manner as stated.
295. SIGNATURE AND TITLE		7			29c. LICENSE NU			GNED (Month, Day, Year)
2		Ver-	Q 10	10	~			12/90
30. NAME AND ADDRESS OF	F PERSON WHO	COMPLETED CAUSE OF DE	EATH (ITEM TO CHOOL PO	int)	0016			
VINCENT		Five co J	2 8	Anche	orst	MESTA	INSTER	mD 21157
31. DATE FILED (Month, Day,	90	32. REGISTRAN'S SIGN	sen-Randell					

	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a four after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this cartificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache	be fined within 72 hours arise deam with the blate beet, or regain and wenta hydere prior to being, cremation, or removal.  IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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		filler	rygene prior to build, dentation, or removal.  r other traumatic event, the medical examiner must be notifi
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	The	ate h	be fined within 72 hours after death with the State Dept. of reginn and mental hygiene prior to burial, defination, or removal.  IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical ex
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FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AN CERTIFICATE OF DEATH	
I. DECEDENT'S NAME (F	First, Middle, Last)	2. D
Bonifacio	Castaneda Gonzalez	Ma

	1 - STATE REGISTRAR	STATE OF MARYLA			HEALTH AND	MENTAL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH		
	Bonifacio Castaned	a Gonzalez				March 28	199	YEAR 3 160 M		
	4. SOCIAL SECURITY NUMBER 5.	. SEX 6. AGE (In	n yrs. last birthday)	IF UNDER 1 YEAR	1 7	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)		
	460-26-8787-A	M 2 □ F 66	YRS.	MONTHS DAYS	HOURS MIN.	July 14,	1923 I	Rosebud, Texas		
	9a. FACILITY NAME (If not institution, give street			9b. CITY, TOWN	OR LOCATION OF DI	EATH	9c. COUNT	Y OF DEATH		
5	AMI DOCTORS' HOSPITA	AL OF PG COT	UNTY	Lanham			PRINC	E GEORGE 's		
בַּ	RESIDENCE OF DECEDENT  10a, STATE 10b, COUNTY		the CITY	, TOWN OR LOC	ATION			10d. INSIDE CITY		
DIMECTOR	Maryland Prince	George's	Lanl					LIMITS?		
	10e. STREET AND NUMBER	deorge 3			lof, ZIP CODE		10g, CITIZE	N OF WHAT COUNTRY?		
	6920 Presley Road				20706		U.S.A			
5	11. MARITAL STATUS	2. WAS DECEDENT EVER IN			CENDENT OF HISPAI	NIC ORIGIN? (Specify Ye		4. RACE — American Indian,		
BY FUNEHAL	1 Never Married 2 Married	FORCES? 1 YES			specify Cuban, Maxics ES 2  NO Specif	n, Puarto Rican, atc.)		Black, Whita, atc.  Specify:		
	3 Widowed 4 Divorced							Spanish		
<u> </u>	15. DECEDENT'S EDUCAT (Specify only highest grade cor	ION npleted)	18a. DECEDENT'S (Give kind of w life. Do NOT us	rork done during :	TION most of working	16b. KIND OF BU	SINESS/INDUS	STRY		
COMPLEIED		College (1-4 or 5+)			*					
2	10th Grade No	ne	Maitre o	1	THE MATHER'S NA	Mayflow		tel		
	Antonio S. Gonzale	. 7					Surneme)			
뭐	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street		Castaneda Route Number, City or Tox	vn State Zin C	code)		
2	Michael Gonzalez (	Son)				Bowie, Mar				
			PLACE OF DISPOS		cemetery, crematory or			ty or Town, State		
	20a. METHOD OF DISPOSITION 1 Buriel 2 Di Cremation 3 Remove 4 Donation 8 Dither (Sportly)	I from State	other place) etropoli	tan Cr	ematory	Ale	yandri	ia. Virginia		
	21. SIGNATURE OF PANEIRAL SERVICE LICEN			22. NAME	AND ADDRESS OF FA	CILITY				
	- Mark 18	Butin	1.					Home, P.A.		
	23. PART I. Enter the diseases, or con	nplications that caused	tha daeth. Do n	ot enter tha r	noda of dyling, aud	th as cerdiac or reap	iratory arres	Ile. Md. 20781 nt,   Approximate		
- 1	indek, or heert fallure. Lie	t only one cause on ea	ich line.					Interval Between Onset and Death		
		a. SEPTICEMIA Klebsiella Preumonia  Due to (or as a consequence of):								
2	Sequentially list conditions b.	Sequentially list conditions, b. HEPATIC ENCEPHALOPATHY								
KIIFICALION	If any, leading to immediate									
2	cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OR AS A			INKNUSIS					
	that initiated events resulting in death) LAST			,						
3	d									
¥	PART II. Other eignificant conditions of					Part I. 24s. WAS AP	NAUTOPSY RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO		
		ROSTATIC		IKOP#		1 TYES	2 🗌 NO	COMPLETION OF CAUSE OF DEATH?		
MEDIC	RIGHT RE	ENAL CYS	T			_		1   YES 2   NO		
PHYSICIAN:										
3		OSPITAL:		26. OTHER:	PLACE OF DEATH (C)	neck only one)				
2	1 YES 2 NO 1	Inpatiant 2 - ER/Outpi	28b. TIM		oma 5 Rasidence		IN HIEV COOK	unco.		
	1 Netural 5 Pending	(Month, Day, Year)	INJ	URY	VORK?	28d. DEŞCRIBE HOW	INJURY OCCU	HED		
2	2 Accident Investigation 3 Suicide a Could not be	28s. PLACE OF INJURY	— At home, farm, a			28f. LOCATION (Street	and Number of	r Rural Route Number.		
COMPLEIED	4 Homicide 8 Could not be determined	building, atc. (Speci	ffy)			City or Town, State	)			
4	29a. CERTIFIER 1 CERTIFYING PHYSICIA	IN: To the best of my knowle	adaa daath occurr	ed at the time of	to and place, and du	to the source(s) and me				
Ē	anal —							cause(a) and manner as stated.		
	296. SIGNATURE AND TITLE OF CERTIFIER			ADATE CHES	29c, LICENSE NU					
2	Sintrai	W m.d			ZPU, LICENSE NO	WIND ST	- DAIE	SIGNED (Month, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON WHO	DMPLETED CAUSE OF DEA	ATH (ITEM 27) (Type,	Print)						
	SANTIAGO D. MOR	2AO, JR., M.1	D. 8118	600D	Luck 1.	20., LANHI	M, M	D. 20706		
	31. DATE FILED (Month, Pay, Year) 3/3477002 '90	32. REGISTRAP'S SIGNA	avidson-Ran	dell				1D. 20706		



IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR		STATE OF M	MARYLA				HEALTH AND	MEN	ITAL HYGIEN	E			
	1. DECEDENT'S NAME (First,		1	P		-				DATE OF DEATH	IY_	YEAR	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMB		5. SEX		701116  yrs. lest birth	Grove	ER 1 YEAR	IF UNDER 24 HRS.		ATE OF BIRTH			HPLACE (State or Foreign	M,
	217-01-2607		1 🗌 M 2 📉 F		91 "	RS. MONTHS		HOURS MIN.	Ja	Month, Day, Year) In • 28, 1	899	2 0000	yland	
FOR	9a. FACILITY NAME (# not ins Calvert Coun RESIDENCE OF DEC	ity Nu		nter				Frederi				nty of t lver		
FUNERAL DIRECTOR	10e. STATE 10b. COUNTY  Maryland Calvert					Lusby	OR LOCA	TION					10d. INSIDE CITY LIMITS? 1 YES 2 X NO	
AL	10e. STREET AND NUMBER	Calv	ET C			Lusby	10	1. ZIP CODE			10g. CIT	IZEN OF	WHAT COUNTRY?	_
VER	P. O. Box 21	4					2	0657			Uni	ted	States	
BY FU	11. MARITAL STATUS  1 Never Married 2 X  3 Widowed 4 Divo		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES	2 X NO	13	If yes, s	DENDENT OF HISP/ Decify Cuban, Maxid 3 2 7 NO Spec	en, Pu	RIGIN? (Specify Yea arto Rican, atc.)	or No—	Blac	E — American Indian, k, Whita, atc. #y: 1te	
COMPLETED	(Specify only Elementary/Secondary (0	EDENT'S EDU highest grade		+)	(Give kir life. Do N	NT'S USUAL nd of work don IOT use retired.	OCCUPATE e during m	ON ost of working		16b. KIND OF BUS		DUSTRY		
MP	Grade 7	iddle Leet)			House	wife		16 MOTHER'S A	AME /	Homema  First, Middle, Meiden				_
	James B. Lav							1		Klenefe				
TO BE	19a. INFORMANT'S NAME (7)				19b. MA	ILING ADDRE	SS (Street	and Number or Rura	l Route	Number, City or Tow	n, State, Zij	p Code)		
-	George Alvir		er							aryland				
	20a. METNOD OF DISPOSITI 1X Burlal 2 Crematio 4 Donation 5 Other	n 3 🗆 Rem	oval from State		other place)	11 UMC		metery, crematory or et.erv			cation $ y$ , $N$		own, State	
	21. SIGNATURE OF FUNERAL		CENSEE	100	0. 100			ND ADDRESS OF F	ACILIT	Y		-		_
	1 3t- S	5.5	itt.			F	ort	Republic	e, N	kausc Maryland			1 Home	
	23. PART I. Enter the di shock, or he iMMEDIATE CAUSE (Fin disease or condition resulting in deeth)	eart failure.	List only one car	use on ee	ch iine.					tal ca	•		Approximate interval Betwee Onset and Det mentle	nth
CERTIFICATION	Sequentielly list conditi if any, leading to immed ceuse. Enter UNDERLYI CAUSE (Disease or inju that initiated eventa resulting in death) LAS	diete NG ry	c		CONSEQUEN									
PHYSICIAN: MEDICAL C	PART II. Other significa		cles tie	11			underlyin		n Part	i. 24a. WAS AN PERFOR 1 YES 2	RMED?	24	b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO	
SICIAN	25. WAS CASE REFERRED TO EXAMINER?  1  YES 2 NO	O MEDICAL	HOSPITAL:	☐ ER/Outpa	itlent 3 🗆 D	OT HI	ER:	PLACE OF DEATN (Come 5 - Residence						=
ву РНУ		Pending investigation	28a. DATE Of (Month, L	F INJURY Day, Year)	281	b. TIME OF INJURY	28c. IN	JURY AT ORK? YES 2 NO	_	I. DESCRIBE NOW I	NJURY OC	CURED		
	3 Suicide 6	Could not be determined	28e. PLACE ( building	OF INJURY - , atc. (Specif	— A1 home, 1	arm, stree1, fo	actory, offi	CO	261.	LOCATION (Street City or Town, State)		or or Rural	Floute Number,	
COMPLETED	anal		ICIAN: To the beat of ER: On the beats of a										a) and manner as stated.	
TO BE C	Robert	ober Schlager MD 20c. LICENSE NUMBER D16823							29d. DA	TE SIGNE	5-90			
20. NAME AND ADDRESS OF PHISON WHO COMPLETELY ALISE OF DEATH (ITEM 27) (Typo, Print)  PRINCE FREDERICK PROFESSIONAL CENTER PRINCE FREDERICK, MARYLAND 20678														

32 REGISTRAR'S SIGNATURE
Julia Davidson-Randall

	nsit permit		
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burnal-transit permit.	al Hygiene prior to bunal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notifiled at once.
SSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be execu	INERAL DIRECTOR: After this certificate has been signed by the attending physician and	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	INT: If Item 28 Is marked, or Item 23 shows any injury, or other traumatit
TO THE +	TO THE F	be filed w	IMPORT

1	FOR STATE REGISTRAR	TATE OF MARYLA		ENT OF HEALTH AND MATE OF DEATH	MENTAL HYGIENE REG. NO.			
	1. DECEDENT:S NAME (First, Middle, Last)	albert	- 363		2. DATE OF DEATH MONTH 3	S. TIME OF DEATH		
ĺ	4. SOCIAL SECURITY NUMBER 5. S	M 2 F	yrs. lest birthday) IF U	NDER 1 YEAR IF UNDER 24 HRS. THS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day Year)	BHRTHPLACE (State or Foreign Country)     North East, MD		
OR	90. FACILITY NAME (If not institution, give street a	and number)	96.	CITY, TOWN OR LOCATION OF DE	ATH 9c. COU	74 timore		
DIRECTOR	RESIDENCE OF DECEDENT  108. STATE  10b. COUNTY	Cecil		WN OR LOCATION	plants.	10d. INSIDE CITY LIMITS?		
	100. STREET AND NUMBER 88 SUSQL			101. ZIP CODE 7 19	10g. CIT	1 □ YES 2 ☑ NO  IZEN OF WHAT COUNTRY?		
BY FUNERAL	11. MARITAL STATUS  1 Never Merried 2 Merried	WAS DECEDENT EVER IN FORCES? 1 X YES IF YES, GIVE WAR OR DAT	U.S. ARMED 2 NO res	13. WAS DECENDENT OF HISPAN If yes, specify Cuben, Mexical 1 YES 2 NO Specify	n, Puerto Rican, etc.)	14. RACE — American Indian, Black, White, etc.  Specify: hite		
	15. DECEDENT'S EDUCATIO (Specify only highest grade comp	ON pleted)	W II  16a. OECEOENT'S USU. (Give kind of work of the Do NOT use reti	fone during most of working	16b. KIND OF BUSINESS/IN			
PLE	Elementary/Secondary (0-12) Co	N/A	Safety In	spector	U.S. Gove:	rnment		
COMPLETED	17. FATHER'S NAME (First, Middle, Last) Leslie C. Gilbert		Darcey an	18. MOTHER'S NA	ME (First, Middle, Maiden Surname)	Ida		
BE	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING AOC	RESS (Street and Number or Rural F	Route Number, City or Town, State, Zi	ip Code)		
2	Ann F. Gilbert 200. METHOD OF DISPOSITION	I an		squehannoch Bly	vd. North East	MD 21901		
	1 M Buriel 2 Cremetion 3 Removal 4 Donetion 5 Other (Specify)	from State No	other place)	Methodist Cemet				
	21. SIGNATURE OF PUNETAL SERVICE LICENSE			22. NAME AND AODRESS OF FA				
	· port	(e)			ral Home ain Street No:			
	23. PART I. Enter the disesses, or compensation shock, or heart failure. List			inter the mode of dying, such	h as cardiac or reapiratory as	intsrval Bstween		
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	Cavalo DUE TO (OR AS A	CONSEQUENCE OF):	rary Ar	rest	Onset and Death		
N.	Sequentisity list conditions,    MMEDIATE CAUSE (Final disease or condition presulting in death)   Caucho Guimorary Arrest							
CATIC	If any, isading to immediate cause. Enter UNDERLYING							
CERTIFICATION	CAUSE (Disease or Injury that Initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):					
AL C	PART II. Other aignificant conditions co	entributing to death bu	it not resulting in th	e undarlying cause given in	Part I. 24s. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
					1   YES 2   NO	COMPLETION OF CAUSE DF DEATH?		
PHYSICIAN: MEDIC						1 TYES 2 NO		
AN	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (Ch	eck only one)			
SIC		SPITAL: Inpatient 2 - ER/Outpe		HER: Nursing Home 5 - Residence	6 Other (Specify)			
	27. MANNER OF OEATH  1 Natural 5 Pending Investigation	28a. OATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c. INJURY AT WORK?  M 1 YES 2 NO	28d. DESCRIBE HOW INJURY OF	CCURED		
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Speci		t, factory, office	281. LOCATION (Street and Number City or Town, State)	er or Rural Route Number,		
COMPLETED	one)				to the cause(e) end menner ee st time, date end piece, end due to	sted. the ceuse(e) end menner as stated.		
BE	29b. SIONATURE AND TITLE OF CERTIFIER	: OHAR	W	29c. LICENSE NUI	MBER 29d. DA	TE SIGNED (Miprith, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE OF DEA						
	31 DATE EIL ED (Month Day Mar)	32. REGISTRARYS SIGNA		14 Aus				
	31. DATE FILED (Month, Day Year) APR 3 90	32. ARGISTRAPIS SIGN	on Handala					

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

1	1. DECEDENT'S NAME (First,	, Middle, Last)							2.	2. DATE OF DEATH			3. TI	ME OF DEATH	
	(	Gertru	de L. Gla	ass					P	pril 2,	1990	YEAR	9	:00 AM	М
	4. SOCIAL SECURITY NUMB	BER	5. SEX	8. AGE (In )	yrs. last birthday	) IF UN	DER 1 YEAR	IF UNDER	24 HRS. 7.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTI Count	HPLAC	E (State or Foreign	
	163-14-5556		1 M 2 XF	8.	5 YRS.	WONTE	IS DAYS	HOURS		ec. 15,	1904	Penr	sy.	lvania	
- 1	9a. FACILITY NAME (If not in	stitution, give s	treet and number)		9b. CITY, TOWN OR LOCATION OF DEATH					9c. COUNTY OF DEATH					
5	9926 Brixto		е				Beth	esda			Mo	ntgo	meı	C.A.	
DIRECTOR	RESIDENCE OF DEC	10b. COUNTY	,		100.0	CTV TOW	N OR LOCA	TION					40.4	INSIDE CITY	_
				100.0	iii, iow								LIMITS?		
	Maryland Montgomery  100. STREET AND NUMBER						Bethe	. zip coo			40. 00	FIZEN OF		YES 2 NO	_
UNEHAL							10								
	9926 Brix	ton La							817			ted			_
2	11. MARITAL STATUS  1 Never Married 2	Married	12. WAS DECEDEN FORCES? 1	YES	2 X NO		If yes, sp	ecify Cube	n, Mexican, P	ORIGIN? (Specify ) uerto Rican, etc.)	es or No-	14. RAC Blac	E — A	merican Indian, ta, atc.	
2	3 Widowed 4 Divo		IF YES, GIVE Y	WAR OR DATE	ES		1 TYES	2 🔀 NO	Specify:			Spec	elly:	White	
	15. DEC	EDENT'S EDU	CATION	10	6a. DECEDENT	'S HSHAI	OCCUPATI	ON		16b. KIND OF B	USINESS/IN	IDUSTRY			_
-	15. DECEDENT'S EDUCATION (Specify only highest grade completed)					of work do	ne durina m		ng	100.1010					
<u> </u>	Elementary/Secondary (0-12) College (1-4 or 5 -			*'	НО	mema	ker				wn Ho	nme			
COMPLETED	17. FATNER'S NAME (First, M	fiddle, Lest)			18. MOTHER'S NAME (										-
	John Henr	v Cyph	er					Joh	anna	Layley					
2	19s. INFORMANT'S NAME (7		.01		19b. MAILI	NG ADDR	ESS (Street			Number, City or T	wn, State, Z	(ip Code)			_
2	Park R. Gl	ass. J	r.		9926	Bri	xton	Lane	Betl	nesda, M	arvla	and	20	817	
	20a. METHOD OF DISPOSIT	ION		20b. P	LACE OF DISF						OCATION -				
	©∑Burial 2 ☐ Crematic 4 ☐ Donation 5 ☐ Other		oval from Stata		Greenridge Cemetery				Cor	nells	svill	e,	PA		
	21. SIGNATURE OF FUNERA	L SERVICE LIC	CENSEE			T.	22. NAME A	ND ADDRE	SS OF FACILI	TY Harmon	20 1 II	Ioma /	,		
	* Rate	with a	formal	7.5	00198	F	coner	А. В	ethes	ey Fune la-Chevy lve. Bet	Chas	se, I	nc		
	23. PART I. Enter the d												) [	Approximate	_
			Liat only one car			I HOL OI	ner tre in	oe oi uy	mg, such a	s cardiac or ree	piratory a	riost,		Interval Between	
-	iMMEDIATE CAUSE (Flu disease or condition	nai												Onset and De	ath
	resulting in death)	$\rightarrow$			rrest								-	1 minut	e
١					ONSEQUENCE	OF):							i		
5	Sequentisily list condit	tions,		t Fai	lure	OE)-								6 month	S
=	if any, leading to imme cause. Enter UNDERLY												j		
בַ	CAUSE (Disesse or Injuthat initiated events				Heart		ease						-	l year	_
	resulting in death) LAS	т													
CEMILIFICATION			d										_		
	PART II. Other significa	ant condition	e contributing to	death but	not resultin	g in the	underlyir	g cause	given in Par		AN AUTOPSY ORMED?	7 24		E AUTOPSY FINDIN	GS
ב	Uteri	ne Car	ncer							1 TYES	2 [X NO			IPLETION OF CAUS DEATH?	E
MEDICAL	Histo	ry of	Thromboo	ytope	enia								1 🗆	YES 2 NO	
AN															
₹	25. WAS CASE REFERRED T	TO MEDICAL					26. F	LACE OF	DEATH (Check	only one)					

PHYSIC В

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

5.	WAS	CASE	REFERRED	то	MEDICAL
	EXA	MINER	17		
	1 🗌	YES	2 XNO		

1 Natural

2 Accident

3 Suicide

4 Nomicide

HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA 27. MANNER OF DEATH

6 Could not be detarmined

28s. DATE OF INJURY (Month, Day, Year)

Home 5 N Residence 6 □ Other (Specify) 28c. INJURY AT WORK? 26s. PLACE OF INJURY — At home, farm, atreet, factory, office building, etc. (Specify)

1 YES 2 NO

D23805

28d. DESCRIBE HOW INJURY OCCURED 261. LOCATION (Street and Number or Rural Route Number, City or Town, State)

April

29a. CERTIFIER 1 🔯 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, 2 MEDICAL EXAMINER: On the basis of examination and/or in

29d. DATE SIGNEO (Month, Day, Year)

WNO COMPLETEO CAUSE OF DEATN (ITEM 27) (Type, Print)

Woronow. 1145 19th Street, #710, Washington, M.D

31. DATE FILED (Month, Day, Year)

APR 03 '90

whia Davidson Randoll

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 6 should be detached for use as the burial-trans be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

MPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. COMPLETED

BE

2

12

DHMH-16 Rev 1/89

DHMH-16 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALLIMORE, MARYLAND	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	2	2 8	Ξ

1 - §	FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF		MENTAL HYGIEN REG. NO	_	
	charles	Gordon	Mc	Bee, Si		2. DATE OF DEATH 03/20	790 YE	3. TIME OF DEATH 8:05a
4. \$00	074 05 0004	5. SEX	(In yrs. last birthday) 73 yrs.	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH		INTHPLACE (State or Foreign
	CILITY NAME (If not Institution, give stre 8330 Ritchie Hi		96 CITY, TOWN Pasac	on Location of Di dena	EATH	9c. COUNTY C	e Arundel	
10e. S	10b. COUNTY	e Arundel	10c. 61	asadena	ATION			10d. INSIDE CITY LIMITS? 1 YES 2 NO
10e. S	8330 Kitchie Hi	ghway			of. ZIP CODE 21	122	10g. CUTIZEN	OF WHAT COUNTRY?
3	NEITAL STATUS Never Married 2 Merried Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	It yee,		NIC ORIGIN? (Specify Yearn, Puerto Ricen, stc.) fy:		RACE — American Indian, Black, White, etc. Specify: White
17. FAT	15. DECEDENT'S EDUC. (Specify only highest grade of ementary/Secondary (0-12)			usual occupa work done during i se retired.) eman Con	nost of working	16b. KIND OF BU		RY
17. FAT	ther's NAME (First, Middle, Last) Charles A. Mc B	ee				ME (First, Middle, Maiden Culleton	Surname)	
198, 17	Mr. Charles G.	Mc Bee, Sr			and Number or Rural Ks Lane	Route Number, City or Tow Severna		MD 21146
10 8	METHOD OF DISPOSITION Surfel 2 Cremation 3 Remo	val from State	Glen Hav	SITION (Name of a	emetery, cremetory or		cation – city n Burni	•
21. \$10	GNATURE OF FUNERAL SERVICE LICE	NSBI C	1		AND ADDRESS OF FA		Ritchie everna	Hwy. Park MD 21146
IMMI	PART I. Enter the diseases, or conshock, or heart failure. LEDIATE CAUSE (Fineless or condition liting in death)	list only one cause on e	d the detth. Do	SART	DIS EA		iratory srreet,	Approximeta interval Between Onset and Death
caus CAUS that	ientially list conditions, y, leading to immediate e. Enter UNDERLYING SE (Disease or Injury initiated evanta liting in death) LAST	DIASE DUE TO (OR AS	ENS FO	1911p	TUS			YEARS VOGES
PART	Til. Other significant conditions  THE THE MAN		but not resulting	in the underly	ing cause given in	Pert I. 24e. WAS AN PERFOI	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
E	AS CASE REFERRED TO MEDICAL XAMINER?	HOSPITAL: 1   Inpatient 2   ER/Out	tpatient 3 200A	OTHER:	PLACE OF DEATH (Commo 5 Residence			
2 [	ANNER OF DEATH  Natural 5 Pending Accident Investigation	TIME OF INJURY AT WORK?  M 1 YES 2 NO 28d. DE\$CRIBE HOW I						
4 [ 29e. 0	Chock they /	26e. PLACE OF INJUR building, etc. (Spe CIAN: To the best of my know	ecify)			281. LOCATION (Street City or Town, State	)	ever indice truinds,
296.	mal	2~	MD		, death occured at the			GMED (Month, Day, Year)

200/

WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print)

32. GEGISTRAR'S SIGNATURE Julia Davidson Randalle

31. DATE FILED MAR 30 1990

M	9	Signaturit.	
6, BALTIMORE, MARYLAND 21203-3146	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL ORFECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-maps, permit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
( 1314	e executed	an and con to burial,	umatic e
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	ertificate by	ing physicia giene prior	other tra
S, P.C	e death c	he attendi Mental Hy	jury, or
ORD	es that th	gned by t	s any in
. REC	law requir	as been si ept. of He	23 show
VITAL	IAN: The	tificate ha	or item
1 OF	3 PHYSIC	or this cer th with th	arked, (
ISIOA	<b>STTENDIN</b>	after dea	28 is m
DIV	ITAL OR A	2AL OIREI 72 hours	If item
	TO THE HOSPI	TO THE FUNE! be filed within	IMPORTANT

	1 - STATE REGISTRAR CI	ERTIFIC	ATE OF		NENIAL DIG	. NO.				
	1. DECEDENT'S NAME (First, Middle, Last) ETHEL IRENE H	UTZELL	,		4 PRIL	DAK	490	3. TIME OF DEATH	P	
	4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. let		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRT (Month, Day, Y		6. BIRTH	IPLACE (State or Foreigns)	gn	
	216-46-0181 1 M 2 XF 81	YRS.	ATHE DAYS	HOURS MIN.	Octobe			Maryland	- 1	
	9s. FACILITY NAME (If not institution, give street and number)	96	. CITY, TOWN C	R LOCATION OF GE		9c. CO	UNTY OF D	EATH	$\Box$	
DIRECTOR	Washington County Hospital		Hagerst	cown		Wŧ	14841	N 6 TON	<u>'</u>	
<b>H</b>	10a. STATE 10b. COUNTY	10c. CITY, T	OWN OR LOCAT	ION				10d. INSIDE CITY LIMITS?		
5	Maryland Washington	Boon	sboro					1 YES 2 NO		
FUNERAL	10e. STREET AND NUMBER		101	ZIP CODE		10g. C	TIZEN OF	WHAT COUNTRY?		
ᇤ	101 Lakin Avenue			21713		U.	S.A.			
5	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. AF		13. WAS DEC	ENDENT OF HISPAN	IIC ORIGIN? (Spec	Ify Yea or No-	14. RAC	E — American Indian, k, White, atc.		
B≺	1 Never Married 2 Married 3 Wildowed 4 Divorced    Never Married 2 Married   FORCES? 1 YES 2 M   FYES, GIVE WAR OR DATES	NO	1 Tyes, sp			rc.)	Spec		- 1	
COMPLETED	15. OECEOENT'S EDUCATION (Specify only highest grade completed) (6	CEDENT'S US	UAL OCCUPATION	N .	16b. KIND C	F BUSINESS/II	NDUSTRY		$\neg$	
ᄪ	Elementary/Secondary (0-12) College (1-4 or 5 +)	. Do NOT use re	done during mo stred.)	st or working					- 1	
립	8vrs.	Homemal	ker		R	esiden	ce			
ő	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NA	ME (First, Middle, A	falden Surname)	)			
BEC	Russell L. Hutzell			Clara	s Sm	ith				
	19a. INFORMANT'S NAME (Type/Print)	b. MAILING AD	ORESS (Street #	nd Number or Rural F			Zip Code)		$\neg$	
٩	Vera Hutzell	101 La	akin Av	enue Boo	nsboro.	Maryla	and	21713		
	20b, PLACE    Application   2 Comment   20b, PLACE   20b,	OF DISPOSITI		netery, cremetory or		De. LOCATION -		own, Stale		
		,	Cemeter	V		Boonsh	oro.	Maryland		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE			O ADDRESS OF FA	CILITY			o Pike	$\neg$	
	Douglas A. Fiery	7.	Doct	Panasa 1					- 1	
	23. PART i. Enter the diseases, or complications that caused the de	IMU		Funeral			•	Approximate	-	
	shock, or heart failure. List only one cause on each line  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSE	LER	OTIC	CARI	01004			Interval Batt Onset and D	wean	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events  DEJEASE  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):									
ERTI	resulting in death) LAST									
	PART II. Other aignificant conditions contributing to death but not	resulting in t	the underlyin	g cause given in	Part I. 24a. W	AS AN AUTOPS	Y 248	. WERE AUTOPSY FIND		
DICAL	FRACTURED RT. HIP					ERFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAL		
입					' _	23 140		OF DEATH?		
Σ.					_					
¥	25. WAS CASE REFERRED TO MEDICAL		26. PI	ACE OF DEATH (Ch	eck only one)	_				
Sic	EXAMINER?  1 YES 2 NO 1 Impetient 2 ER/Outpetient		THER:	e 5 🗆 Residence	8   Other (Speci	fie)				
PHYSICIAN: MEI	27. MANNER OF GEATH 28s. DATE OF INJURY,	28b. TIME C	F 28c_fNJ	URY AT	28d. OESCRIBE		CCUREO			
	Netural 5 Pending (Morth, Day, Year) 90	INJUR	M 1 🗆	YES 2 NO	FELL				- 1	
ВУ	2 Sulcide 28e. PLACE OF INJURY — At h	ome, farm, stre	et, factory, offic	•	28f. LOCATION	Street and Numi	ber or Rural	Route Number,		
빝	4 Homicide determined building, etc. (Specify)	16 H	DHE	reeder !	City or Town	OUSI	SOD	O. MAZI	713	
COMPLETED	29a. CERTIFIER	andth accounts of						0 11.5		
Ā	(Check only one)  MEDICAL EXAMINER: On the basis of examination and/or							a) and manner as stat	ed.	
	29b. SIGNATURE AND TITLE OF CERTIFIER		, , ,							
TO BE	Overel milio h	, D.		D070	05	<b>&gt;</b>	4/2	(Month, Day, Year)		
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITT	40 H	ANOI	Z DR#	-103-1	146E	RITA	WN.M.	<u>d</u> -	
	30. NAME AN AODRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITTLE CONTROL OF DEATH (ITTLE CONTROL OF DEATH (ITTLE CAUSE OF DEATH (IT	son-Rand	lall							

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the TO THE FUNERAL DIRECTOR: After this certificate has been signed by the be filed within 72 hours after death with the State Dept. of Health and M IMPORTANT: If Item 28 is marked, or Item 23 shows any Inji	death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	his certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	ental Hydiene prior to burial, cremation, or removal.	iry, or other traumatic event, the medical examiner must be notified at once.	
出 出 图 5	HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detact	within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	

George Milic,

31. DATE FILED (Month, Day, Year)

M.D.,

Hagerstown,

32. REGISTRAR'S SIGNATURE

					30 11001						
	FOR STATE 0  1 - STATE REGISTRAR	F MARYLAND / DEPARTMEN CERTIFICAT	IT OF HEALTH AND ME	NTAL HYGIENE REG. NO.							
1	DECEDENT'S NAME (First, Middle, Last)			DATE OF DEATH	3. TIME OF DEATH						
	LARUE A A	ARMAN		MONTH P	OD DIOD AM						
	4. SOCIAL SECURITY NUMBER 5. SEX 216-05-2143 1 □ M 2 🔀	6. AGE (In yrs. lest birthday) IF UND	DAYS HOURS MIN	DATE OF BIRTH (Month, Day, Year) OV. 4, 1904	a. BIRTHPLACE (State or Foreign Country) Emmitsburg, MD						
	9e. FACILITY NAME (If not institution, give street and number	9b. CIT	TY, TOWN OR LOCATION OF DEATH	9c. CO	UNITY OF DEATH						
2	Washington County Hospi	tai h	lagerstown, MD	Wi	2111115/-UN						
DIRECTOR	Maryland Frederick	10c. CITY, TOWN Emmits			10d. INSIDE CITY LIMITS? 1 □ YES 2 □ NO						
FUNERAL	304 S. Seton Ave.		101. ZIP CODE 21.72.7	100	S. A.						
FUN	11. MARITAL STATUS 12. WAS DEC	1 YES 2 NO	3. WAS DECENDENT OF HISPANIC ( If yes, specify Cuban, Mexican, P	ORIGIN? (Specify Yea or No-	14. RACE — American Indian, Black, White, etc.						
Э ВУ	3 🕅 Widowed 4 🗌 Divorced	IVE WAR OR DATES	1 YES 2 XNO Specify:		Specify: White						
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4)	ilia Do MOT una mitrad	ne during most of working	18b. KIND OF BUSINESS/II	NDUSTRY						
MPL	Unknown	Housewif		Own_Home							
	17. FATHER'S NAME (First, Middle, Last) Albert	Adelsberger	The second secon	(First, Middle, Maiden Sumame, e Miller							
TO BE	190. INFORMANT'S NAME (Type/Print) Esther Titman	19b. MAILING ADDRE	iss (Street and Number or Aural Aout								
	20a. METHOD OF DISPOSITION	20b. PLACE OF DISPOSITION (			- City or Town, State						
	1X) Burtel 2 Cremetton 3 Removal from State 4 Donation 5 Other (Specify) Emmitsburg Memorial Emmitsburg, MD										
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	VK. Van	2. NAME AND ADDRESS OF FACILI	™ Skiles Fu	neral Home						
	23. PART I. Enter the diseases, or complication	a that caused the death. Do not ent	210 W. Main St ter the mode of dying, such a		arreat, Approximate						
	shock, or heart failure. List only on immediate cause (Final disease or condition		01.000000000000000000000000000000000000	WAD NE	Interval Between Onset and Death						
	resulting In death)  a. H. T. GR. A. CONSEQUENCE OF:										
	IMMEDIATE CAUSE (Final disease or condition resulting in death)  APTERIOSCLERIT CARDIOVASCULAR NSEASE  DUE TO (OR AS A CONSEQUENCE OF):  ASPIRATION PNEUMONIA										
CERTIFICATION	Sequentially list conditions, If any, leading to immediate										
CAI	cause. Enter UNDERLYING CAUSE (Disease or Injury										
F	that initiated events resulting in death) LAST	JE TO (OR AS A CONSEQUENCE OF):									
HH	d.										
MEDICAL C	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i.  **DERVICO TROCHANTEREA FRACURE, LT. FEMUR**  1   YES 2   NO OF AMBLE PRIOR TO COMPLETION OF CAUSE OF DEATH?										
				-	OF DEATH?  1  YES 2 NO						
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL		DO DI ACE DE DESTU (Charle								
S	EXAMINER? HOSPITA	L: OTH									
4		TE OF INJURY 28b. TIME OF		d. DESCRIBE HOW INJURY	DCCURED						
BY PI	Natural 5 Pending Superior Pending Pending Superior Pending Pending Superior Superio	25/90 Z:00 H	WORK? 1 ☐ YES 2 NO	FELL OUT O	OF BED						
		ACE OF INJURY — At home, farm, street, the INJURY SING HOL	NE 3	E, K, State 3 a	ONBORO						
COMPLETED	(Check only	neet of my knowledge, death occurred at the									
BE C	296. SIGNASHI OF CHATIFIER WILLIE	M.D.	29c. LICENSE NUMBE	29d. 0	4/13/90						
2		D CAUSE OF DEATH (ITEM 27) (Type, Print)	100		1.0/10						

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- we on it.

4. SOCIAL SECURITY NUMBER	Charles				DEATH	REG. NO.			
223-46-4925		Robe:	rt	Hen	derson	2. DATE OF DEATH DATE 4-9-90	Y	YEAR	10:35 p
9a. FACILITY NAME (If not institution, give stre	MONTHS DAYS HOURS MIN. (Month		7. DATE OF BIRTH (Month, Day, Year) AUG. 18,	Wonth, Day, Year) Country		ACE (State or Foreign			
Rt. 26 W. of Art	ey Rd.		nry, rown o linfie	r location of de 1d	ATH 9c. COUNTY OF DEA				
RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY  MARYLAND  FREDER	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY			N OR LOCAT					0d. INSIDE CITY LIMITS?
100. STREET AND NUMBER 111 EDINBURGH WAY	NICK .		WALKER		ZIP CODE		0/19/	ZEN OF WH	TYES 2 NO
11. MARITAL STATUS  1 Never Married 2 Married  3 Wildowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 Type IF YES, GIVE WAR C	ES 2 NO	0	If yes, spe		NC ORIGIN? (Specify Yea n, Puerto Rican, atc.)		Black, Specify:	- American Indian, White, etc.
15. DECEDENT'S EDUC. (Specify only highest grade of Elementary/Secondary (0-12)		(Give I	DENT'S USUAL kind of work do NOT use retire LY MAR	ne during mo:	st of working	166. KIND OF BUS			CE
17. FATHER'S NAME (First, Middle, Last)  CHARLES R	HENDERS					ME (First, Middle, Maiden : Y (NMI)	surname) PLES	S	
19a. INFORMANT'S NAME (Type/Print) LYNN R. HENDERSON	N (WIFE)					Route Number, City or Town LKERSVILLE			93
1 Burlel 2 Cremation 3 Remo 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE		20b. PLACE OF other place) SMITHS	THSBURG CREMATORY  22. NAME AND ADDRESS OF FACILITY R(BERT E. DAILEY & SON, P.A. 1201 N. MARKET ST., FREDERICK.)					•	MARYLAND
23. PART I. Enter the diseases, or conshock, or heart failure. L. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	lationly one cause of Multiple	on eech line.	.es	ter the mo	de of dying, suc	h es cardlec or respl	retory an	rest,	Approximate Interval Betwee Onset and Dea
Sequentially list conditions, if any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):									
PART II. Other significent conditions	s contributing to dea	th but not rest	uiting in the	underlying	g cause given in	Part I. 24a. WAS AN PERFOR	MED?		WERE AUTOPSY FINDING MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  WES 2 \( \sum \) NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		ОТН	IER:	ACE OF DEATH (Ch		SC	ENE	
27. MANNER OF DEATH   1   Netural   5   Pending   2   X Accident   1   Investigation   2   R/Outpetient   3   DOA			The reality from 5 2 Theoretical Control (Specify)			~			
3 Suicide 8 Could not be 4 Homicide datarmined	28e. PLACE OF IN- building, etc.	(Specify)	Road	l			of	Arthu	r Shipley
29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC MEDICAL EXAMINER						WINFICIA, C to the cause(a) and mar time, date and place, an			
296. DIGHATURE AND TITLE OF CERTIFIER	nelku	u			29c. LICENSE NUI	MBER	29d. DAT	4-10-	Month, Day, Year)

20+1VA

31. DATE FILED (Month, Day, Year)

APR 1 6 1990

32. REGISTRAR'S SIGNATURE
Davidson-Rondall

54

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e no constitution of the c

## TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 wours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funerin director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, a filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT. If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILED (Month, Day,

90

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE REGISTRAR	STA	ATE OF M					DEATH	IMEM	REG. NO				
1. DECEDENT'S NAME (First, Middle	e, Lest)							2. D/	TE OF DEATH			3. TIR	ME OF DEATH
VIOLET MAR		EUER					I	-	ril 4,	1990			:35 AM M
4. SOCIAL SECURITY NUMBER 235–26–3404	5. SE	M 2 TF	8. AGE (In yn	s. last birthday YRS.	MONTH	B DAYS	IF UNDER 24 HRS. HOURS MIH.	(M	TE OF BIRTH porth, Day, Year)	914	Ken	try)	E (State or Foreign
9e. FACILITY NAME (If not institution		d number)				TY, TOWN C	OR LOCATION OF D			-	Har		A.
2215 Cullum Ro					B	ST AT	T				nau	TOT	u
10a. STATE 10b. 0	COUNTY			10c. C	ITY, TOWI	N OR LOCA	TION					10d. I	INSIDE CITY
	Harfor	d			Bel	Air	-					1 🗆	YES 2 NO
100. STREET AND NUMBER 2215 Cullum Ro	oad						21014			10g. CI	USA		COUNTRY?
11, MARITAL STATUS	12. W	AS DECEDENT	EVER IN U.S	B. ARMED	1		ENDENT OF HISPA			or No-	14. RAC	E — An	merican Indian,
1 Never Married 2 Marrie 3 Widowed 4 Divorced	ld IF	ORCES? 1 ( YES, GIVE WA	AR OR DATES	ZÃ			ecify Cuben, Mexic 2 DNO Speci		to Hican, atc.)		Spec	olfy:	es, erco
15. DECEOENT	T'S EDUCATION	l .	160	. DECEDENT	S USUAL	OCCUPATI	ON		16b. KIND OF BU	SINESS/IN			
(Specify only highe: Elementary/Secondary (0-12)		ege (1-4 or 8+)		life. Do NOT	use retired	d.)	est of working			OI	345		
12						Inspe	ctor			Shoe	MIG	•	
17. FATHER'S NAME (First, Middle, L Lincoln Elme		calcup	, Sr.				Mary D		Baute	Surname)			
19a. INFORMANT'S NAME (Type/Prin			·	ŀ			and Number or Rura						
V.Suzanne D'El	licio			123-	K Wa	aldon	Road, A	bin					
20e. METHOD OF DISPOSITION  1		om State	Ot/	ACE OF DISP NOT PROCESS K LAW			metery, cremetory or			ecation -			
21. SIGNATURE OF FUNERAL SER	VICE LICENSEE	i i	, ,		. 2	22. NAME A	ND ADDRESS OF F						
Dog 10010	4 m	1. Pa		-		UCLTON	A IZ Now	Cems	C TTT F	ner	al H	<b>Come</b>	P.A.
FOCUOUS.	II	CO	TUGO	014									
23. PART i. Enter the disease ahock, or heart for		nly one caus	se on each	ilne.	not en	13170 ter the mo	okesburg oda of dying, au	ch ea c	ad. Abi	ngdo	n Mo	2	Approximate interval Between
ahock, or heart for iMMEDIATE CAUSE (Final disease or condition		nly one caus	se on each	ilne.	not en	13170 ter the mo	okesburg oda of dying, au	ch ea c	ad. Abi	ngdo	n Mo	2	Approximate interval Between Onset and Death
ahock, or heart for immediate CAUSE (Final		nly one caus	se on each	ilne.	not en	13170 ter the mo	okesbur	ch ea c	ad. Abi	ngdo	n Mo	2	Approximate interval Between
ahock, or heart from the state of the state		DUE TO	OR AS A CO	Iline.	o not en	13170 ter the mo	okesburg oda of dying, au	ch ea c	ad. Abi	ngdo	n Mo	2	Approximate interval Between Onset and Death
ahock, or heart find the state of the state	a	DUE TO	OR AS A CO	ilne.	o not en	13170 ter the mo	okesburg oda of dying, au	ch ea c	ad. Abi	ngdo	n Mo	2	Approximate interval Between Onset and Death
ahock, or heart find in the state of the sta	a	DUE TO (	OR AS A CO	Iline.	OF):	13170 ter the mo	okesburg oda of dying, au	ch ea c	ad. Abi	ngdo	n Mo	2	Approximate interval Between Onset and Death
shock, or heart find the season of the season condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	a	DUE TO (	OR AS A CO	HINE.	OF):	13170 ter the mo	okesburg oda of dying, au	ch ea c	ad. Abi	ngdo	n Mo	2	Approximate interval Between Onset and Death
shock, or heart find the season of the seaso	6	DUE TO (	OR AS A CO	INO.	OF):	1317c ter the me	Okesburghede of dying, au	PCCh ea (	pad. Abi	ingdo	on Mo	1. 2	Approximate interval Between Onset and Death
shock, or heart find the season of the season condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	6	DUE TO (	OR AS A CO	INO.	OF):	1317c ter the me	Okesburghede of dying, au	PCCh ea (	and, Abit and a series of reap	n AUTOPS'	on Mo	b. WERE	Approximate interval Between Onset and Death
shock, or heart find the season of the seaso	6	DUE TO (	OR AS A CO	INO.	OF):	1317c ter the me	Okesburghede of dying, au	PCCh ea (	pad, Abitardiec or reap	n AUTOPS'	on Mo	Db. WERE AMAIL COMI	Approximate interval Between Onset and Death / M G S /
shock, or heart find the season of the seaso	6	DUE TO (	OR AS A CO	INO.	OF):	1317c ter the me	Okesburghede of dying, au	PCCh ea (	and, Abit and a series of reap	n AUTOPS'	on Mo	Db. WERE AMAIL COMI	Approximate interval Between Onset and Death / M G S /
ahock, or heart find the season of condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant co	b c onditions con	DUE TO (	OR AS A CO	INO.	OF): OF):	1317C for the mo	Okesburghede of dying, au	Rich ea e	24a. WAS AI PERFO	n AUTOPS'	on Mo	Db. WERE AMAIL COMI	Approximate interval Between Onset and Death / M G S /
shock, or heart find the state of the state	b c onditions con	DUE TO (	OR AS A CO	INSEQUENCE	OF): OF): OF):	1317c ter the me  L  underlyin  26. P	Okesburged of dying, au	Roches e	and, Abitander or reap	n AUTOPS'	on Mo	Db. WERE AMAIL COMI	Approximate interval Between Onset and Death / M G S /
ahock, or heart fill immediate cause. Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST  PART II. Other algnificant co	b c Dical Ho	DUE TO (	OR AS A CO	INSEQUENCE  INSEQUENCE  INSEQUENCE  INSEQUENCE  INSEQUENCE  INSEQUENCE  INSEQUENCE  INSEQUENCE  INSEQUENCE  INSEQUENCE  INSEQUENCE	OF): OF): OF):	underlyin  28. P  18FR: Nursing Hot	ing cause given in	RCChese	and, Abitander or reap	N AUTOPS'S RMED?	y 24	Db. WERE AMAIL COMI	Approximate interval Between Onset and Death / M G S /
ahock, or heart fill immeDiATE CAUSE (Final disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant co	b c Dical Hon	DUE TO (  DUE TO (  DUE TO (  DUE TO (   DUE	COR AS A CO COR AS	INSEQUENCE INSEQUENCE INSEQUENCE INSEQUENCE INSEQUENCE INSEQUENCE INSEQUENCE INSEQUENCE INSEQUENCE INSEQUENCE INSEQUENCE INSEQUENCE INSEQUENCE INSEQUENCE INSEQUENCE INSEQUENCE	OF): OF): OF): OF):  OF)	underlyin  28. P  SER: Numiles Hotel	DOKESDUM  Oda of dying, au  Me Company  Oda of dying, au  Me Company  Oda of dying, au  Oda of dying,	RCCh es e	24a. WAS AI PERFO 1 YES  Other (Specify)  DESCRIBE HOW	N AUTOPSY RMED? 2   NO	y 24	AMAIL OF D	Approximate interval Between Onset and Death / M G S /
ahock, or heart fill immediate cause. Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST  PART II. Other algnificant co	b c Dical Hou	DUE TO (  DUE TO (  DUE TO (  DUE TO (   DUE	COR AS A CO COR AS	INSEQUENCE INSEQUENCE INSEQUENCE INSEQUENCE INSEQUENCE INSEQUENCE INSEQUENCE INSEQUENCE INSEQUENCE INSEQUENCE INSEQUENCE INSEQUENCE INSEQUENCE INSEQUENCE INSEQUENCE INSEQUENCE	OF): OF): OF): OF):  OF)	underlyin  28. P  SER: Numiles Hotel	DOKESDUM  Oda of dying, au  Me Company  Oda of dying, au  Me Company  Oda of dying, au  Oda of dying,	RCCh es e	24a, WAS AI PERFO 1 YES  Other (Specify) DESCRIBE HOW	N AUTOPSY RMED? 2   NO	y 24	AMAIL OF D	Approximate interval Between Onset and Death / M G S /
ahock, or heart fill immediate cause. Enter UNDERLYING CAUSE (Please or injury that initieted events resulting in death)  25. WAS CASE REFERRED TO MEDEXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pendia Investi 3 Suicide 6 Could datarn	b c  DiCAL HOIT   HOIT   Horizontal   Hoit   Ho	DUE TO (  DUE TO (  DUE TO (  DUE TO (   DUE	ICOR AS A CO OR	Ine.  ONSEQUENCE  ONSEQUENCE  ONSEQUENCE  ONSEQUENCE  ONSEQUENCE  ONSEQUENCE  At home, farm	OF):  OF):	underlyin  28. P  IER: Nursing Hot  28c. IN  1	DOKESDUM  Oda of dying, au  Me Company  Oda of dying, au  Me Company  Oda of dying, au  Oda of dying,	n Part	and Abordard	N AUTOPSY RMED? 2 NO	y 24	AMAIL OF D	Approximate interval Between Onset and Death / M G S /
ahock, or heart fill immediate cause. Enter UNDERLYING CAUSE (Plast of immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST  PART II. Other algnificant countries and immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST  PART II. Other algnificant countries and investigation of immediate cause. Examiner?  1 Yes 2 NO  25. WAS CASE REFERRED TO MEDIA Examiner?  1 Yes 2 NO  27. MANNER OF DEATH  1 Natural 5 Pendid investigation of immediate cause. Cause of immediate cause. Cause of immediate cause. Cause of immediate cause. Cause of immediate cause. Cause of immediate cause. Cause of immediate cause. Cause of immediate cause. Cause of immediate cause. Cause of immediate cause. Cause of immediate cause of immediate cause of immediate cause. Cause of immediate cause of immediate cause. Cause of immediate cause of immediate cause. Cause of immediate cause. Cause of immediate cause of immediate cause. Cause of immediate cause of immediate cause. Cause of immediate cause. Cause of immediate cause of immediate cause. Cause of immediate cause of immediate cause. Cause of immediate cause of immediate cause. Cause of immediate cause of immediate cause of immediate cause of immediate cause of immediate cause. Cause of immediate cause of immediate cause of imme	b c d Dical Hoiling ligation Is not be mined	DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (    DUE TO (   DUE	ICOR AS A CO ICOR AS A CO ICOR AS A CO ICOR AS A CO ICOR AS A CO ICOR AS A CO ICOR AS A CO ICOR AS A CO ICOR AS A CO ICOR AS A CO ICOR AS A CO ICOR AS A CO ICOR AS A CO ICOR AS A CO ICOR AS A CO ICOR AS A CO ICOR AS A CO	Ine.  (	OF):  OF):	underlyin  28. P  L  Sec. IN  Sec. IN	ode of dying, au  General State of Death (Come 8   Residence JURY AT ORK? YES 2   NO	n Part	and Abordard	N AUTOPS'S RMED? 2 NO	y 24  CCURED  tated.	AMAIL ACAUTE I	Approximate interval Between Onset and Death / M G S /
ahock, or heart fill immediate cause. Enter UNDERLYING CAUSE (Plast of immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST  PART II. Other algnificant countries and immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST  PART II. Other algnificant countries and investigation of immediate cause. Examiner?  1 Yes 2 NO  25. WAS CASE REFERRED TO MEDIA Examiner?  1 Yes 2 NO  27. MANNER OF DEATH  1 Natural 5 Pendid investigation of immediate cause. Cause of immediate cause. Cause of immediate cause. Cause of immediate cause. Cause of immediate cause. Cause of immediate cause. Cause of immediate cause. Cause of immediate cause. Cause of immediate cause. Cause of immediate cause. Cause of immediate cause of immediate cause of immediate cause. Cause of immediate cause of immediate cause. Cause of immediate cause of immediate cause. Cause of immediate cause. Cause of immediate cause of immediate cause. Cause of immediate cause of immediate cause. Cause of immediate cause. Cause of immediate cause of immediate cause. Cause of immediate cause of immediate cause. Cause of immediate cause of immediate cause. Cause of immediate cause of immediate cause of immediate cause of immediate cause of immediate cause. Cause of immediate cause of immediate cause of imme	b c d DICAL HO: Ing ligation I not be mined IG PHYSICIAN: EXAMINER: On	DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (    DUE TO (   DUE	ICOR AS A CO ICOR AS A CO ICOR AS A CO ICOR AS A CO ICOR AS A CO ICOR AS A CO ICOR AS A CO ICOR AS A CO ICOR AS A CO ICOR AS A CO ICOR AS A CO ICOR AS A CO ICOR AS A CO ICOR AS A CO ICOR AS A CO ICOR AS A CO ICOR AS A CO	Ine.  (	OF):  OF):	underlyin  28. P  L  Sec. IN  Sec. IN	ode of dying, au  General State of Death (Come 8   Residence JURY AT ORK? YES 2   NO	PCCheck on Part I	and Abordard	N AUTOPSY RMED? 2 NO INJURY O	y 24  CCURED  Der or Rural  tated.	2 ANULUS	Approximate interval Between Onset and Death  IN 6 5 /  E AUTOPSY FINDINGS LABLE PRIOR TO PLETION DF CAUSE MEATH?  YES 2 NO
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32. REGISTRADIS SIGNATURE Pandalle

BALTIMORE, MARYLAND 21203-3146	PHYSICIAN: The law requires that the death certificate be executed within zwinours after death. Page 6 may be retained by the hospital or attending physician.	this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 sites in with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 1 be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYL		ENT OF HEALTH AND	MENTAL HYGIEN	E				
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH	YEA	3. TIME OF OEATH			
	HARRIETT	F.	HIZER		APRIL 2,	1990	11:36 pM			
	4. SOCIAL SECURITY NUMBER		MON	NDER 1 YEAR IF UNDER 24 HRS. THE DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		RTHPLACE (State or Foreign untry)			
	213-09-4964		9 YRS.		11/4/11		aryland			
œ	9a. FACILITY NAME (If not institution, give at			CITY, TOWN OR LOCATION OF	DEATH	9c. COUNTY O	F DEATH			
DIRECTOR	MARYLAND GENERAL	HOSPITAL		BALTIORE CITY		BALTI	MORE CITY			
REC	10a. STATE 10b. COUNTY		10c. CITY, TO	WN OR LOCATION			10d. INSIDE CITY LIMITS?			
		ford	Aber	deen			1 TYES 2 NO			
FUNERAL	10e. STREET AND NUMBER			101. ZIP COOE		10g. CITIZEN C	OF WHAT COUNTRY?			
NE	222 Custis Stree	12. WAS DECEDENT EVER IN	1110 10110	21001		II,S.	***			
	1 Never Merried 2 Married	FORCES? 1 YES	2 NO	13. WAS DECENDENT OF HISPA If yes, specify Cuban, Mexic 1 TYES 2 X NO Spec	can, Puerto Rican, etc.)	В	ACE — American Indian, lack, White, etc.			
BY	3xxWidowed 4 Divorced	IF TES, GIVE WAR ON ON	(TES	T TES 2 (ANO Spec	ary.		nite			
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16e. DECEDENT'S USU (Give kind of work	lone during most of working	16b. KIND OF BU	BINESS/INDUSTR	Y			
1	Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT use ret	,						
MO	12 17. FATHER'S NAME (First, Middle, Last)	0	Medical	Secretary	Medica IAME (First, Middle, Melden	1 Offic	<u>- e</u>			
	Bartlett Ford				I. Shane	ourname)				
BE (	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING ADD	RESS (Street and Number or Rura		n, State, Zip Code,	)			
5	Robert A. Hizer		40 Robi	n Hood Road	Havre de (	Grace, N	4D 21078			
	20e. METHOD OF DISPOSITION 1  Burlel 2  Cremation 3 Reme	oval from State	other place <sup>1</sup>	N (Name of cemetery, crematory or		CATION — City o				
	4 Donetion 5 Other (Specify)		R. A. Ferr	is & Company		st Ches	ter, Pa.			
	- KANIMA /	Mary 1		Tarring-Carg Aberdeen, Ma		Home, P.	. A .			
	100001111	eur								
		List only one cause on e	I the death. Do not e sch line.	nter the mode of dying, su	ich es cerdiec or resp	ratory errest,	Approximate Interval Between			
	IMMEDIATE CAUSE (Final disease or condition	PNEUMONIA					Onset and Death			
	resulting in death)	8	CONSEQUENCE OF):		****					
Z	Convention list conditions	ь								
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING									
FIC	CAUSE (Disease or Injury that initiated events	OUE TO (OR AS A	CONSEQUENCE OF):							
E	resulting in death) LAST									
	PART II. Other elections condition									
CAL	PART II. Other significant condition	s contributing to deeth b	ut not resulting in tr	e underlying ceuse given i	PERFO	TMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE			
ED					1 TYES :	EJ NO	OF DEATH?			
N							1 YES 2 NO			
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF OEATH (	Check only one)					
SIC	EXAMINER?  1 YES 2XXNO	HOSPITAL: 1 ☑ Inpatient 2 ☐ ER/Outp		HER: Nursing Home 5 - Residence	6 Other (Specify)					
PH	27. MANNER OF OEATH  1 1 Natural 6 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c. INJURY AT WORK?	28d. OEŞCRIBE HOW	NJURY OCCURE	0			
BY	2 Accident investigation	28. DI ACE OF IN HID	- At home, farm, stree	M 1 YES 2 NO	201 1 00071011 (7)	-111 -1				
6	3 Suicide 6 Could not be determined	building, atc. (Spec	olly)	, ractory, ornes	28f, LOCATION (Street City or Town, State	and Number or Hu	ral Houte Number,			
9	290. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of my know	ladge death occurred at	the time, date end place, end d	us to the councies and me	non as stated				
COMPLETED	neel			my opinion, death occured at ti			rse(e) and manner as stated.			
	29b. SIGNATURE AND TITLE OF CERTIFIER	R // //	0	29c. LICENSE N	UMBER	29d. DATE SIG	NED (Month, Del year)			
TO BE		18 Whiles.	Direy 1	m) N	14	> //	2/90			
	30. NAME AND ADDRESS OF PERSON WH BHAJANIAL DAF			D GENERAL HOS	PITAL	1				
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	ATURE			=				
	APR 05 '90	Lulia Davidsor	-Aandalle							

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BALTIMORE, MARYIN

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within extours after death. Page 6 may be retained TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burfal, cremation, or removal.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

STATE OF MARY	LAND / DEPARTMI	ENT OF HEAL	TH AND	MENTAL	HYGIENE
	CERTIFICA	TE OF DE	ATH		REG. NO.

FOR 1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPARTI			MENTAL HYGIENI REG. NO.	E	
1. DECEDENT'S NAME (First, Middle, Last	1)				2. DATE OF DEATH		3. TIME OF OEATH
JAMES LASS	HAM	ВУ			Month OA March 31.	1990 YEAR	8:30P M
4. SOCIAL SECURITY NUMBER			F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		THPLACE (State or Foreign
245 34 1070	1 ★ M 2 □ F 6	9 YRS.	ONTHS DAYS	HOURS MIN.	10-7-20	N.C	
9e. FACILITY NAME (If not institution, give		9	b. CITY, TOWN O	R LOCATION OF DE	EATH	9c. COUNTY OF	OEATH
V. A. Medical	Center		Perr	y Point	;	Ced	cil
RESIDENCE OF DECEDENT  10e. STATE 10b. COUN	TY	I soc CITY :	TOWN OR LOCAT				10d. INSIDE CITY
Md.	Cecil	100.011,	TOWN ON LOCATI	E1ktc	n		LIMITS?
10e. STREET AND NUMBER			101.	ZIP CODE		10a, CITIZEN OF	WHAT COUNTRY?
176 Beggars	Road			21921		U.S.	
11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED	13. WAS OECI		NIC ORIGIN? (Specify Yee		CE — American Indian.
1 Never Married 2 XMarried	FORCES? 1 YES	2 NO	If yes, spe		n, Puerto Ricen, etc.)	Ble	ock, White, etc.
3 Wildowed 4 Divorced	7.77.7	2	"   "	a grate opeca	,		White
15. DECEOENT'S EC (Specify only highest gre-	SUCATION WWW	16a. DECEDENT'S US	BUAL OCCUPATION Most done during most	N at of working	16b. KIND OF BUS		WILLE.
Elementary/Secondary (0-12)	College (1-4 or 5+)	Ille. Do NOT use i	rotired.)				
6		General	Lands	caping	Land	dscarpe	er
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maiden	Surname)	
Rudy Hamby				Mar	y Spears		
19e. INFORMANT'S NAME (Type/Print)		19b. MAILING AI	DORESS (Street e	nd Number or Rural	Route Number, City or Town	n, State, Zip Code)	
Reba Reeves		176 Be	eggars	Rd., F	Elkton, Me	d. 2197	21
20a, METHOD OF DISPOSITION  X X Burlel 2 ☐ Cremetion 3 ☐ Re	moval from State	b. PLACE OF DISPOSIT other place)	ION (Name of cen	etery, crematory or	20c. LO	CATION — City or	Town, State
4 Donation 6 Other (Specify)		Union Chu			Un	ion, Mo	d.
21. SIGNATURE OF FUNERAL SERVICE	ACENSEE /			D ADDRESS OF FA		9 E. Ma	ain St/
* Andrew	21 2100		Gee	Funeral		let on 1	Md. 21921
IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if eny, laeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (OR AS Cerebral DUE TO (OR AS C. Right mic	teral myoc A consequence of): Vascular A consequence of): ddle lobe A consequence of):	disease pneumon		Lon		
resulting in death) LAST	d. Ventricu	Ar dysrhy	thmias				
PART II. Other aignificent condition	one contributing to death	but not resulting in	the underlying	r cause given in	Part I. 24e. WAS AN PERFOR	MED?	4b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF DEATH (Ch	eck only one)		
1 TYES 2 NO	1XXnpatient 2 ER/Ou		OTHER:	5 🗆 Realdence	6 Other (Specify)		
27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28a. OATE OF INJURY (Month, Day, Year)	28b. TIME (	WO WO	URY AT RK? 'ES 2 NO	28d. DEŞCRIBE HOW II	NJURY OCCUREO	
3 Suicide 6 Could not b	28e. PLACE OF INJUF building, etc. (Sp	NY — At home, farm, streedly)	eet, lectory, office	,	26f. LOCATION (Street a City or Town, State)		al Route Number,
29e. CERTIFIER (Check only one) 1 CERTIFYING PHY MEDICAL EXAMI	1				to the cause(e) end man		e(e) end manner as stated.
296. SIGNATURE AND TITLE OF COURT	IEM CONTRACTOR	lah .		29c. LICENSE NUI	MBER ( //	29d. DATE SIGN	ED (Monthy Day, Year)
30. NAME AND ADDRESS OF PERSON	MO COMPLETED CAUSE OF C	DEATH (ITEM 27) (Type, P.	rint)	1-000	2364	H	01100
BRAD STODDARD.	M.D. VA MED 32. REGISTRAR'S SIG	CAL CENTE	R. PERR	Y POINT,	MD 21902		
APR 3'90	gedia Davi	doon-Randall	,				

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FOR STATE REGISTRAR

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may among the thing by the control of	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, presentation, be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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- 4	1. DECEDENT'S NAME (First, Middle, Last)	1	• • •			2. DATE OF DEATH		3. TIME OF DEATH
	£1. 1.11	Anna	1	1000	1.1.1	MONTH DA		AR .
1	4. SOCIAL SECURITY NUMBER 5. SEX	Anne		JULKK	NOTEN	march -	199	
	4. SOCIAL SECURITY NUMBER  2 2/1 - 24-2/32 1 Mm = 2 1 Mm	6. AGE (In yrs.		IF UNDER 1 YE		7. DATE OF BIRTH	1933	Maryland
	9a. FACILITY NAME (If not institution, give street and nut			9b. CITY, TO	VN OR LOCATION OF D		9c. COUNTY C	
E O	PENINSULA GENERAL	HOSPITAL				RY, MARYLAN	D	WICOMICO
5	RESIDENCE OF DECEDENT							
DIRECTOR	10a. STATE 10b. COUNTY			, TOWN OR LO				10d. INSIDE CITY LIMITS?
	Maryland Somerse	t	Pri	ncess	Anne			1 YES 2 NO
FUNERAL	10e. STREET AND NUMBER				101. ZIP CODE 21853		10g. CITIZEN	OF WHAT COUNTRY?
NE NE	Mt. Vernon Road	DECEDENT EVER IN U.S.	10460	L40 1100				
	1 Never Married 2 Married FORC	ES? 1 YES 2		If yes	, specify Cuban, Mexic			RACE — American Indian, Black, White, atc.
BY	₩Widowed 4 Divorced	, GIVE WAR OR DATES		10	YES 2-NO Speci	ly:		Specify: White
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	18a.	DECEDENT'S I	USUAL OCCUI	PATION	18b. KIND OF BU	SINESS/INDUSTR	RY .
<u> </u>		(1-4 or 5+)			g most of working			
d M	12		Hous	wwife				
§	17. FATHER'S NAME (First, Middle, Last)	: 77 :				AME (First, Middle, Malden		2
BE	William Edward M	IIIIgan				es Jean		
0	David Harringto	n	Pari	ns on b	urg, Md.	Route Number, City or Tow	n, State, Zip Code	9)
	20a_METHOD OF DISPOSITION    Burlel   2	State 20b. PLA	CE OF DISPOS	d Cem	etery	20c. to Pri	CATION - CHY O	Anne, Md.
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	1		22NAN	BAND SOBRESS OF F	CILITY AVE		
	Fruit Hin	sego)		Pr	incess A	nne, Md.	21853	3
	35. PART I. Enter the diseases, or complicate shock, or heart failure. Liet only IMPEDIATE CAUSE (Finel disease or condition resulting in death)	DUE TO (OR AS A CON	line.				natory orrowt,	Approximete Interval Between Onset and Death
NO NO	Sequentially list conditione, b	DUE TO (OR AS A CON	SEQUENCE OF	J.				
CERTIFICATION	if eny, leading to immediate cause. Enter UNDERLYING			,				
Ĕ	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A CON	SEQUENCE OF	):				
	resulting in death) LAST							
- 11	PART II. Other significant conditions contribu	uting to death but n	ot resulting i	n the under	lving cause given in	Part i. 24s, WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS
EDICAL	Renal Factore	uting to doubt out th	or resoluting in	ii tiio aridei	lynig couse given ii	PERFOI	RMED?	AMILABLE PRIOR TO COMPLETION OF CAUSE
	Chronic Obsta	6'11	0.01-		Aires	1 TYES	ОМО	OF DEATH?
Σ	The section of the		1-11-0		7 111 3100	٠,		1 TES 2 NO
CIAN:	25. WAS CASE REFERRED TO MEDICAL				6. PLACE OF DEATH (C			
SIC	EXAMINER? / HOSPI	TAL:	3 🗆 DOA	OTHER:	Home 5 Residence			
HYSI		DATE OF INJURY	28b. TIME	OF 280	INJURY AT	28d. DESCRIBE HOW	NJURY OCCURE	0
	1 Netural 5 Pending	(Month, Day, Year)	INJ	URY	WORK?			
9	a modernin	PLACE OF INJURY - A	t home, farm, s	treet, fectory,	office	28f. LOCATION (Street		ural Route Number,
	4 Homicide detarmined	building, atc. (Specify)				City or Town, State,		
PLET	29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the	se best of my knowledge	death none	of at the time	data and place and de	a to the eques(a) and	oper se stated	
COMP	(Check only one)  2 MEDICAL EXAMINER: On the i							use(a) and manner as atmed.
Ŭ W	29b. SIGNATURE AND TITLE OF CERTIFIER	. //			29c. LICENSE NU	IMBER	29d. DATE SIG	SNED (Month, Day, Year)
∞	Gratin 7. D)	1-66	()		D31	516	D 3,	129/9-
2	30. NAME AND ADDRESS OF PERSON WHO COMPLE	- //	TEM 27) (Type,				-	. / / 0
	31 DATE EN ED MONTO DEL MONTO	, Mard o	M.D	). P	.o. Box	680 pr.	- c217	Annon
	31. DATE FILED (MORTH Day, 1687) 90 32.1	FILLIA DAVID	ma_ Rand	682				21/1/3

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

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Z	306	90
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be mine	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 that he filed within 72 hours after death with the State Dest. of Health and Mental Hydrene prior to burfal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be matting
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as the bunial-transit permit. Pages 1, 2, 3 should

103-3146

FOR STATE REGISTRAR	STATE OF MAR			F HEALTH AND OF DEATH	MENTAI	REG. NO.		
1. DECEDENT'S NAME (First, Middle,		RVIN HARDE	EN		MONTI	of DEATH RCH 31	•	3. TIME OF DEATH P 10:45 P
4. SOCIAL SECURITY NUMBER 216-14-3125	5. SEX 6. /	NGE (In yrs. last birthday)	MONTHS DAY		(Month	OF BIRTH o, Day, Year) Y 16 1		8. BIRTHPLACE (State or Foreign Country) MARYLAND
9a. FACILITY NAME (If not institution,			9b. CITY, TOV	VN OR LOCATION OF I		101	9c. COUNT	TY OF DEATH
NATIONAL NAVA	it .		TY, TOWN OR LO	BETHESDA			MO	NTGOMERY
								10d. INSIDE CITY LIMITS? 1 YES 2 YNO
10. STREET AND NUMBER				101. ZIP CODE			10g. CITIZ	EN OF WHAT COUNTRY?
11500 BUCKNEI  11. MARITAL STATUS  1 Never Married 2X Married  3 Widowed 4 Divorced	12. WAS DECEDENT EV	YES 2 NO	If yes	20902 DECENDENT OF HISPA A, specify Cuben, Mexic YES 2 XNO Specific	ANIC ORIGIN			TED STATES  14. RACE — American Indien, Bleck, Whita, etc. Specify: WHITE
15. DECEDENT' (Specify only highes Elementary/Secondary (0-12) 1 2	S EDUCATION t grade completed)  College (1-4 or 5+)	(Give kind o	s usual occur f work done during use retired.)	g most of working	16b	KIND OF BUS	iness/indu	
17. FATHER'S NAME (First, Middle, La				18. MOTHER'S N	IAME (First, I			
JOSEPH E. H		19b, MAJLIN	IG ADDRESS (Str	MA set and Number or Rura		ALICE I		
EVELYN HARDEN				NELL DRIVI				
20a. METHOD OF DISPOSITION 1 X Burlal 2 Cremation 3 C		mither place)		f cometery, crometory of National	r			on, Virginia
21, SIGNATURE OF FUNERAL CONTROL		ALL	22 NAM	E AND ADDRESS OF I	FACILITY			on, viiginia
Tamos	Mike	Jan						ng, Md. 20904
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR  DUE TO (OR	DELL LUNG AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE	OF):					
PART II. Other algorificant cor	ditions contributing to dec	ath but not resulting	g in the under	lying cause given i	in Part I.	24a, WAS AN PERFOR		24b. WERE AUTOPSY FINDING AVAILABLE PRIOR TO
				4		1 X YES 2	□ NO	COMPLETION OF CAUSE OF DEATH?
25. WAS CASE REFERRED TO MEDI EXAMINER?	CAL HOSPITAL:			6. PLACE OF DEATH (	Check only o	ne)		
1 TYES 2 XNO	1 X Inpatient 2 EF			Home 6 Residence		or (Specify)	N HIEV OCC	IDEA
1 Natural 5 Pendin	(Month, Day, )	fear)	M 1	WORK?				
3 Suicide 6 Could 4 Homicide determ	building, etc.	JURY — At home, farm (Specify)	n, street, factory,	offica		CATION (Street a or Town, State)		or Rural Route Number,
cond only 21	PHYSICIAN: To the best of my (AMINER: On the basis of exam							ed. e cause(a) and manner as stated.
29b. SIGNATURE AND TITLE OF CI	0 . ()			29c. LICENSE N		(VA)		APRIL 96
U V SIGILIU	The second second						CJA.	H PICIC (O
30. NAME AND ADDLESS OF PERS			r	NATIONAL N	AVAL	MEDICA	AL CE	
With the Confession of the	HI, LCDR, MC,	USNR	H		AVAL	MEDICA	AL CE	

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be in	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page has find within 20 hours after death with the State Devit of Health and Mental Hodelte order to burial. cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be no
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	FOR 1 - STATE REGISTRAR	STATE OF MARY		TMENT OF H		MENTAL	HYGIENI REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last, Sean	D		Hennin	g	2. DATE	0F DEATH DA	,	YEAR 3	10:57PM M		
	4. SOCIAL SECURITY NUMBER 216-94-7717	1 x M 2   F 2	X M 2 G F 21 YRS. MONTHS DAYS HOURS MIN.					7. DATE OF BIRTH (Month, Dey, Year) May 9, 1968  8. BIRTHPLACE (State or Country) Washington,				
TOR	98. FACILITY NAME (If not institution, give 495 Beltway outer RESIDENCE OF DECEDENT			ilworth	EATH		Prine		eorges Count			
	10a. STATE 10b. COUN	y ince Georges		y, town on Loca delphi	TION	The second secon				Od. INSIDE CITY LIMITS?  YES 2 NO		
FUNERAL	100. STREET AND NUMBER  2001 Ruatan	Street		. ZIP CODE		20783	10g. CITIZI USA		AT COUNTRY?			
B	11. MARITAL STATUS  1 X Never Married 2 Marriad  3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OF	S 2 V NO	If yes, ap	ENDENT OF HISPAN ecify Cuban, Maxica 2 NO Specify	n, Puerio F		or No— 1	Black,	- American Indian, Whita, etc. hite		
O BE-COMPLETED	15. OECEDENT'S ED (Specify only highest grad Elamentary/Secondary (0-12) 1 - 1 2		(Give kind of a	USUAL OCCUPATION WORK done during mose retired.)	ON set of working		KIND OF BUS					
E-COM	17. FATHER'S NAME (First, Middle, Last)  Brian Henn	ing	TICC	nanic	18. MOTHER'S NA Kath	ME (First, A		Surname)	u			
6	190. INFORMANT'S NAME (Type/Print)  Brian Henning		2001	Ruatan	Street,		phi, M	d. 20	783			
	20a. METHOD OF DISPOSITION  1 Suburial 2 Cremation 3 Re 4 Donation 5 Office (Specify)	moval from State	other place)  Gate	of Heave	en Cemete  ADDRESS OF FA	/	111	er Sp		, Md.		
	· Huly A	Levelh	•	11800		7e.,	Silver	Spri	ng,	Md. 20904		
	23. PART I. Enter the diseases, or ahock, or haert failure immediate CAUSE (Final disease or condition resulting in death)	a. Multiple	aach lina.		ode of dying, suc	n as card	nac or reap	ratory arre	et,	Approximate Interval Between Onset and Death		
CERTIFICATION	Sequentially liet conditions, if eny, laeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	c	S A CONSEQUENCE O									
	PART II. Other eignificent condition	ons contributing to deet	h but not resulting	in the underlyin	PERFOR			ORMED? AMAILABLE PRIO COMPLETION OF		VERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
PHYSICIAN: MEDICAL							INSPEC			TES XX NO		
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  XXXX YES 2 \( \sum \) NO	HOSPITAL:	Outpatient 3 DOA	OTHER:	LACE OF DEATH (Ch			SCEN	E			
ВУ РНУ	27. MANNER OF DEATH  1 Netural 5 Pending  XXXXAccident Investigation	The same of the sa	10:	57PM 1□	JURY AT DRK? YES ACTOR	Pede		n str	uck 1	by van		
COMPLETED	4 Homicide datarmined	plicide 6 Could not be detarmined 28a. PLACE OF INJURY — At home, farm, street, factory, building, atc. (Specify) Road					495 Beltw			vay outerloop/201 Exil		
	one) and	NER: On the basis of axamin				time, date		d due to the	ted_OUNTY, Marylan he cause(a) and manner as stated.  TE SIGNED (Month, Day, Year)			
TO BE	30. NAME AND ADDRESS OF PERSON V	THE WHO COMPLETED CAUSE OF	DEATH (ITEM 27) (Type	e, Print)	OCME		21+im2	<b>▶</b> 4	-3-9	0		
	MARGARITA A. KOI  31. DATE FILED (Month, Day, Year)	32, REGISTRAR'S S		111 F	enn Stre	et,B	alt1MO	re,MD	212	01 V		
	MPR 04 90	Junavanda	ion-Randell				_			DHMH-18 Rev 1/89		

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filled within 72 hours after death with the State Dept. of Health and Mental Hygiens prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR		STATE OF MAR	YLAND / CE	DEPAR	TMENT	OF H	EALTH AND DEATH	MEN	ITAL HYGIEN				
	1. DECEDENT'S NAME (First,	Middle, Last)			4				2. [	DATE OF DEATH			3. TIME OF D	EATH
	Grace Ma	rie	Hensley						Ă	pril 1,	<b>~</b> 1990	YEAR	6:30	Ам
	4. SOCIAL SECURITY NUMB			VGE (In yrs. lest	t birthday)	IF UNDER	1 YEAR	IF UNDER 24 HRS.	7. 0	ATE OF BIRTH		8. BIRTI	HPLACE (State of	or Foreign
	198-24-029	5	1 🗆 M 2 💢 F	58	YRS.	MONTHS	DAYS	HOURS MIN.	Fe	Month, Day, Year)	932	Penr	nsylvar	nia
	9a. FACILITY NAME (If not ins	stitution, give st	reet and number)			9b. CITY,	TOWN 0	R LOCATION OF				INTY OF D		
Œ	4412 Bel Pr	e Road	1			Roc	kvi1	16			Mor	ntgon	nerv	
DIRECTOR	RESIDENCE OF DEC					NOC	KATI	.10		<u>.</u>	1701	10801	aci y	
Ä	10a. STATE	10b. COUNTY			1.25	Y, TOWN O		TON					10d. INSIDE (	CITY
5	Maryland	Montg	gomery		Roc	kvil	le						1  YES 2	X NO
4	10e. STREET AND NUMBER						101	ZIP CODE			10g. CIT	IZEN OF	WHAT COUNTR	Υ?
FUNERAL	4412 Bel Pr	e Road	<u> </u>				2	20853			Uni	ted	States	3
5	11. MARITAL STATUS		12. WAS DECEDENT EV FORCES? 1 \( \)					ENDENT OF HISF ecify Cuban, Mex		RIGIN? (Specify Ye	a or No—	14. RACI Blac	E — American k, White, etc.	Indien,
1	1 Never Merried 2 3 Wildowed 4 Divo		IF YES, GIVE WAR O					2 NO Spe		, , , , , , , , , , , , , , , , , , , ,		Spec		
7			l	Lin an									Whit	e
#	(Specify only	EDENT'S EDUC y highest grade	completed)	16a. DE	Ve kind of a	work done d	CUPATIC furing mo	on st of working		16b. KIND OF BU	ISINESS/IN	DUSTRY		
	Elementary/Secondary (0	-12)	College (1-4 or 5+)					retary		Defenc	o Cor	tnac	sting	
COMPLET	17. FATHER'S NAME (First, M.	iddle fast)			JI POI	ace .	Seci		IANE (	First, Middle, Malder		iui ac	CINE	
8	James Weigh	111111111						Grace			i Surneme)			
BE	19a. INFORMANT'S NAME (7			100	MAIL INC	ADODESS	(Chancel or			Number, City or Tov	un Statu 7	in Codel		
2	Darell Greg		alou.							le, MD				
	20a. METHOD OF DISPOSIT		stey					metery, cremetory of			CATION -		own State	
	1 Burial 2 X Crematio	n 3 🗆 Reme	oval from State	Subur	ece)								ng, Mar	haefve
	21. SIGNATURE OF FUNERAL		ENSEE	Subur	Uall (			NO ADDRESS OF	FACILIT		vel .	ргті	ig, riai	yrand
		.//	0001			R	app	Funeral	Se	rvices,	P. A	١.		
_	(12)	Mic	IS.CLM		0827	9:	33 (	dist Ave	enue	, Silve	r Spr	ing,	MD 20	910
	23. PART I. Entar the di	iseases, Dr C	an tedt annitaalinne											
	ahock, or h		List only one cause (			not enter	the mo	de of dying, s	uch as	cardiac or resp	olratory a	rrest,		ximate si Between
	IMMEDIATE CAUSE (Fir	aart fallure. nai	List only one cause of			not enter	the mo	de of dying, s	uch as	cardiac or resp	piratory a	rrest,	interv	
		aart fallure. nai	List only one cause of	on each line	).		the mo	de of dying, s	uch as	cardiac or resp	piratory a	rest,	interv	ai Between and Daath
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ATION	iMMEDIATE CAUSE (Fir disease or condition resulting in death)  Sequentially list conditions, leading to imme-	iona,	a. Shock DUE TO (OR  Metastat DUE TO (OR	AS A CONSECUTOR AS A CONSECUTO	DUENCE O	ค: ค:	the mo	de of dying, s	uch as	cardiac or resp	olratory a	rrest,	Interve Onset	ai Between and Daath
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BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Fir disease or condition resulting in death)  Sequentially list condition if any, leading to immecause. Enter UNDERLY CAUSE (Disease or Injuthat initiated events resulting in death) LAS  PART II. Other significations of the condition of the con	iona, diata iNG iry T int condition  O MEDICAL  Pending investigation Could not be determined	A. Shock  BUE TO (OR  Metastat  DUE TO (OR  Cancer C  DUE TO (OR  d.  HOSPITAL:  1   Inpettent 2   ER  28a. DATE OF INJ.  (Month, Dey, Y  28a. PLACE OF IN building, etc.	AS A CONSECTION OF THE AS A CONSECTION OF THE	DUENCE OF COUNTY OF THE PROPERTY F):  F):  OTHEF  4   Nurre of FURRY M    street, fact	26. Pri 3: ping Hon 28c. RN. WC 1	g cause given  LACE OF DEATH  10 5 XResident 1URY AT 198K7  YES 2 NO	in Part	24a. WAS AI PERFO 1	N AUTOPSY PMED? 2 [X] NO INJURY OF and Number as st	24i	b. WERE AUTOP AMAILABLE PI COMPLETION OF DEATH?  1 YES 2	sy Findings NO TO CAUSE  NO	
COMPLETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Fir disease or condition resulting in death)  Sequentially list condition if any, leading to immecause. Enter UNDERLY CAUSE (Disease or Injuthat initiated events resulting in death) LAS  PART II. Other significations of the condition of the con	eart fallure.  iona, diata iNG iry  T  int condition  O MEDICAL  Pending investigation Could not be detarmined	A. Shock  DUE TO (OR  Metastat  DUE TO (OR  C. Cancer C  DUE TO (OR  d.  HOSPITAL:  1   Inputent 2   ER  28a. DATE OF INJ  (Month, Dey, Y  28a. PLACE OF IN  building, etc.	AS A CONSECTION OF THE AS A CONSECTION OF THE	DUENCE OF COMPANY OF THE PROPERTY OF THE PROPE	OTHER 4 Number of street, factors, in my o	26. Pri 3: ping Hon 28c. RN. WC 1	g cause given  LACE OF DEATH  10 5 XResident 1URY AT 198K7  YES 2 NO	in Part	24a. WAS AI PERFO 1 YES  Other (Specify)  DESCRIBE HOW  LOCATION (Street City or Town, Street	N AUTOPSY RMED? 2 (X NO INJURY Of and Number)	CCURED er or Rural atted,	b. WERE AUTOP AMAILABLE PI COMPLETION OF DEATH?  1 YES 2	SY FINDINGS RIOR TO OF CAUSE  NO no no
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2101 Medical Park Drive, Silver Spring, MD 20902

Stanley A.

31. DATE FILED (Month, Day, Year)

Schwartz, M. D.,

32. MEGISTRAB'S SIGNATURE
Guha Davidson-Randall

e burial-transit permit. Pages 1, 2, 3 should

	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by
12	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.
)	The state of the s

	1 - STATE REGISTRAR	STATE OF	10000	CERTIF				ГН		REG. NO	),		
	1. DECEDENT'S NAME (First, Middle,	JOSEPHINE	MAY	HOLT					2. DATE O MONTH MAR		199	O	3. TIME OF DEATH A
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In	yrs. last birthday)		R 1 YEAR	IF UNDER		7. DATE O	7. DATE OF BIRTN (Month, Day, Year)  8. BIRTHPLACE Country)			IPLACE (State or Foreign
	579-38-1882	1 - M 2 XF		77 YRS.	MONTHS	DAYS	HOURS	MIN.		H 21	1913		W JERSEY
	9a. FACILITY NAME (If not institution,	give street and number)			9b. CIT	Y, TOWN O	R LOCATION	ON OF DE	EATN		9c. COL	JNTY OF C	EATN
OR	NATIONAL NAV		CENT	ER		]	BETH	ESDA				MONT	GOMERY
2	RESIDENCE OF DECEDEN 10a, STATE 10b, CO			10c CIT	Y TOWN	OR LOCAT	ION			-	-		10d. INSIDE CITY
DIRECTOR											LIMITS?		
	10e. STREET AND NUMBER	ONIGOREKI			N	-	ZIP COD	E			10g, Cr	TIZEN OF V	WHAT COUNTRY?
FUNERAL	10401 GROSVENOR PLACE, #702												STATES
N	11, MARITAL STATUS	ENT EVER IN	U.S. ARMED	13.	WAS OEC		2085 OF HISPAN	NIC ORIGIN?	(Specify Ye			E — American Indian.	
	1 Never Married 2 Married	FORCES?	1 YES	2 XNO			ecify Cube 2v NO		n, Puerto Ri	can, etc.)		Spec	k, White, etc.
ВУ	3 Widowed 4 Divorced						X						WHITE
路	15. DECEDENT'S (Specify only highest	grade completed)		16a. DECEDENT'S (Give kind of life. Do NOT u	Work done	during mo	ON st of worldi	10	16b.	KIND OF BU	ISINESS/IN	IDUSTRY	
B	Elementary/Secondary (0-12)	College (1-4 or	5+)	ille. Do NOT u	se retired.)	)				OLTAI I	TOME		
TO BE 169	12	<u> </u>		HOM	EMAK	ER				OWN I			
	17. FATNER'S NAME (First, Middle, La						18. MOT	NER'S NA	ME (First, Mi				
	\ <u></u>	DE MORKY N	1AY							N LAC			N
2	19a. INFORMANT'S NAME (Type/Print			19b. MAILING									WD 00056
	PHILLIP C. HOL	T							起, #/				, MD 20852
	1 X Youriat 2 □ Cremation 3 □			PLACE OF DISPO					TET SE			- City or To	
- 1	4 Donation 5 Other (Specify) ARLINGTON NATIONAL CEMETERY ARLINGTON, 21. SIGNATURE OF FUNERAL SERVICE LICENSEE												
	ROBERT A. PUMPHREY FUNERAL HOME BETHESDA-CHEVY CHASE, INC., 7557 WISCONSI												
	MOOSO3  BETHESDA-CHEVY CHASE, INC., 7557 WISCONSI AVENUE, BETHESDA, MARYLAND 20814-3501												
CERTIFICATION	resulting in death)  a. CONGESTIVE HEART FAILURE  OUE TO (OR AS A CONSEQUENCE OF):  CARDIOMYOPATHY  DUE TO (OR AS A CONSEQUENCE OF):  CARDIOMYOPATHY  DUE TO (OR AS A CONSEQUENCE OF):  C. OUE TO (OR AS A CONSEQUENCE OF):  OUE TO (OR AS A CONSEQUENCE OF):												
CEF	d												
CAL	PART II. Other algnificent con	ditions contributing	to death bu	ut not resulting	In the t	ınderlyin	g cause	given in	Part i.	24a. WAS A PERFO	N AUTOPS	Y 24	b. WERE AUTOPSY FINDIF AVAILABLE PRIOR TO
									_	1 🗌 YES	2 XNO		OF DEATH?
MED						·····							1 YES 2 NO
Ä													
PHYSICIAN:	25. WAS CASE REFERRED TO MEON EXAMINER?	HOSPITAL:			OTHE		LACE OF E	DEATH (C/	heck only one	9)			
YS	1 YES 2 NO	22		etlent 3 DOA	-	_	_	esidence	6 Other				
	27. MANNER OF OEATH  1 Netural 5 Pending	(Month	OF INJURY , Day, Year)	28b. TI	ME OF	WC	JURY AT	7	28d. DES	CRIBE HOW	INJURY O	CCURED	
BY	2 Accident Investig	ation	E OE IN ILIEN	— At home, ferm,			YES 2 [	NO	004 1 004	TION O		0/	David Market
ED	3 Suicide 6 Could n	lot ba buildi	ng, atc. (Spec	#y)	, atrest, 18	клогу, отпо	:-			or Town, State		per or nursi	Route Number,
W	29a. CERTIFIER												
COMPLET	(Check only	PHYSICIAN: To the best											(a) and menner as state
	29b. SIGNATURE AND TITLE OF CE							ENSE NU					
LLI.	RPN	101 6	- /	m									D (Month, Day, Year)
B	20 NAME AND ADDRESS OF PERS	1000	any.										
TO B	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Typos, Print) NATIONAL NAVAL MEDICAL CENTER												
	BRIAN P. MONAH 31. DATE FILED (Month, Day, Yoar)	AN, LT, MO			e, Print)							ENTE	R

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mours after death. Page 6 may be retained by the hos	TO THE FUNEFAL DIRECTOR: After this certificate has been signed by the attention physician and completely filled in by the funeral director, page 5 should be detach	be filed within 72 hours after death with the state Uept, or regain and wentar hypere prior to burks, cremeuch, or remove.  IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	
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death.	funera	exami	ı
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d with	mplet	be filed within 72 hours after death with the state Dept, or Heath and Mental hygene prior to butlar, crentation, or removal, IMPORTANT: If Nem 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical ex	I
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	1. DECEDENT'S NAME (First, Middle, Last)  June W. Hyson									MONTN DAY YEAR			3. TIME OF DEATH	
- 1	4. SOCIAL SECURITY NUM	aco	5. SEX		AGE (In yrs. last birthday)   IF UNDER 1 YEAR			R IF UNDER 24 HRS.		3 30		8. BIRTHPLACE (State or Foreign		
-	236-12-995		1 M 2 X F	V 100	//		HOURS	MIN.	(Month, Day, Year)		Country)			
	9e. FACILITY NAME (If not institution, give street end number)				,	ob CIT	C TOWN C	D LOCAT	ION OF DE				WEST	t Virginia
FUNERAL DIRECTOR	Shady Grov	e Adve		spital	10.000.000.000.000.000.000				ION OF DE	Montgom				
5	RESIDENCE OF DEC	10b. COUNT	ν		10c. CITY, TOWN OR LOCATION							10d, INSIDE CITY		
E	Maryland Montgomery				Gaithersburg								LIMITS?	
5	10e. STREET AND NUMBER		inegomet y			Iditi		ZIP CO	DE	10g. CITIŽEN OF WHAT			AE	
NA I	5 Crown Co							200	070					
٣	11. MARITAL STATUS	ult	12. WAS DECEDER	T EVER IN U.S.AR	MED	13.	WAS DEC		978 of hispan	IIC ORIGIN? (Sp	ecify Yes			States  - American Indien, White, etc.
	1 Never Merried 2		FORCES? 1	YES 2 X N	YES 2 X NO If			2 N NO	en, Mexica Specify		uerto Rican, etc.) Black, White Specify:			
ВУ	3XX Widowed 4 □ Dive	orced		COCCENTION									3.337	White
		EDENT'S EDU ly highest grade		(G	CEDENT'S	work done	during ma	ON at of work	ing	16b. KIN	OF BUS	INESS/IN	DUSTRY	
COMPLETED	Elementery/Secondary (	0-12)	College (1-4 or 8	+)	Do NOT u									
₹	12			Ci	vili	an I	esk						County	Police
	17. FATHER'S NAME (First, A Murel W.		20							ME (First, Middle		,		
B	19e. INFORMANT'S NAME (		.ne	Lan		10005				Kathri				
2	Carole Hig									load El	•			0.4.1
		<u> </u>								toau El	_			
	20a METHOD OF DISPOSIT 1 ABuriel 2 Cremetic 4 Donation 5 Other		oval from State	other pla	LACE OF DISPOSITION (Name of cemetery, cremetory ther place)  I.O.O.F.				meiory or	20c. LOCATION — City or Town, State Elkins, West Virgin:				
	21. SIGNATURE OF FUNER	-	CENSEE	חיור		_		ND ADDR	ESS OF FA	CILITY DO				lome 20877
	(1 2/00//10									Gaithersburg, Md.				
	23. PART i. Enter the d	20	0	7										
	shock, or h IMMEDIATE CAUSE (Fi disease or condition	eert feilure.	List only one ca	use on esch line			T CHO THE	de or u	ying, auc	II as Cardiac	or respi	atory at	ireat,	Approximete interval Between Onset and Death
	resulting in deeth)  a. Respiratory Failure  OUE TO (OR AS A CONSEQUENCE OF):									Days				
_														
<u>S</u>	Sequentially list conditions,  Due To (OR AS A CONSEQUENCE OF):  Chronic Obstructive Pulmonary Disease  DUE TO (OR AS A CONSEQUENCE OF):								- <del> </del>					
¥	if any, leeding to immediate cause. Enter UNDERLYING													
Ĕ	CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):													
	resulting in deeth) LAST													
MEDICAL CERTIFICATION	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY FINDINGS													
<u>র</u>	PERFORMED? AMA									AWAILABLE PRIOR TO COMPLETION OF CAUSE				
	1 YES 2 NO C								OF DEATH?					
	1 YES 2 N										1   120 2   110			
PHYSICIAN:		25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)												
Sic	EXAMINER?		HOSPITAL:	☐ ER/Outpatient 3	□ DOA	OTHE		ne 8 🗆 I	Residence	8 Other (Sp	ectfy)			
žΙ	27. MANNER OF DEATH		28e. DATE O	F INJURY Day, Year)	28b. Til	AE OF	28c. IN.	JURY AT		28d. DEŞCRII	BE HOW I	NJURY O	CCURED	
ВУБ	1 Netural 5 2 Accident	Pending Investigation	(workin,	ouy, roury		М		YES 2	□ NO					
	3 Suicide 8	Could not be		OF INJURY - At he	me, farm,	street, fe	ctory, offic	10		281. LOCATIO	N (Street e		er or Rural A	oute Number,
2	4 Homicide	determined	1000								,			
COMPLETED	29e. CERTIFIER (Check only	TIFYING PHYS	ICIAN: To the best of	f my knowledge, de	ath occur	red at the	time, date	end plac	ce, end due	to the cause(e	) and mai	nner as st	ated.	
Mo	29e. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the care of the best of my knowledge, death occurred at the time, date end place, end due to the care of the best of my knowledge, death occurred at the time, date end place, end due to the care of the best of my knowledge, death occurred at the time, date end place, end due to the care of the best of my knowledge, death occurred at the time, date end place, end due to the care of the best of my knowledge, death occurred at the time, date end place, end due to the care of the best of my knowledge, death occurred at the time, date end place, end due to the care of the best of my knowledge, death occurred at the time, date end place, end due to the care of the best of my knowledge, death occurred at the time, date end place, end due to the care of the best of my knowledge, death occurred at the time, date end place, end due to the care of the best of my knowledge, death occurred at the time, date end place, end due to the care of the best of my knowledge, death occurred at the time, date end place, end due to the care of the best of my knowledge, death occurred at the time, date end place, end due to the care of the best of my knowledge, death occurred at the time, date end place, end due to the care of the best of my knowledge.								time, date end	place, er	d due to	the cause(e)	end menner as stated.	
C	29b. SIGNATURI AND TITLE OF CERTIFIER					-		29c. Li	CENSE NU	MBER		29d. DA	TE SIGNED	(Month, Day, Year)
) BE	brh	Dem							0245	[7]		<b>&gt;</b> :	3/31/9	io
임	30. NAME AND ADDRESS O	F PERSON WI								·				
	Jay Weiner	, MD 4			d #G	-3 R	lockv	<u>i11</u> 6	∍, Ma	ryland	20	852		
	31. DATE FILEO (Month, Day APR O	Z OO	32. REGISTR	AR'S SIGNATURE										
	APK U	7 30	grah	a Davidson	Rand	292								
					Pal.									DHMH-16 Rev 1/89

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CERTIFICATION

MEDICAL

PHYSICIAN:

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be detached for use as the burlal-transit per	at once.
the funeral director, page 5 should oval.	al examiner must be notified
physician and completely filled in by e prior to burial, cremation, or remo	er traumatic event, the medica
has been signed by the attending popular of Health and Mental Hydien	23 shows any injury, or oth
E FUNERAL DIRECTOR: After this certificate of within 72 hours after death with the State	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit per hand many after death with the State Devi. of Health and Mental Horiene prior to burlal, cremation, or removal.

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First Middle Lest) 3. TIME OF DEATH 2. DATE OF DEATH YEAR 659 MARGARE HAGAN MON 2 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign DAYS HOURS 1 - M 2 X F YRS. 577-52-7547 Oct.3,1904 New York 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY. TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Bethesda Nursing+ Retirement Center Bethesda Montgomery RESIDENCE OF DECEDEN 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY t ▼ YES 2 □ NO Washington, D.C none none 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 4740 Connecticut Ave., N.W. 20008 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, atc. If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married IF YES, GIVE WAR OR DATES Specify: 3 Widowed 4 Divorced White 18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EDUCATION 18b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple Elamentary/Secondary (0-12) College (1-4 or 5+) 12yrs. housewife own home 17. FATHER'S NAME (First, Middle, Last) 18 MOTHER'S NAME (First Middle Maiden Surname) Frank Eckhardt Mary U/A 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) E. Russell Hagan 14113 Manorvale Rd., Rockville, MD 20853-2521 26a. METHOD OF DISPOSITION
1 Buriel 20 Cremetion 3 R
4 Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 28c. LOCATION — City or Town, State Alexandria, Va. Metropolitan Crematory 21. SIGNATURE OF EUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY DeVol Funeral dome 2222 Wisconsin Ave., N.W. Wash., D.C. 20007 Inter the diseases, or complications that beused the deeth. Do not enter the mode of dying, such as cardiec or reepiratory arrest, Interval Between shock, or heart feliure. List only one cause on each line Onset and Death IMMEDIATE CAUSE (Fine) disease or condition METASTATIC BLADIER CANCER 10 MOS. resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): thet initieted events resulting in deeth) LAST PART ii. Other significant conditions contributing to death but npt resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? CONGESTIVE HEART FAILURE 1 TES 2 NO OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 | YES 2 NO 1 | Inpatient 2 | ER/Outpetient 3 | DOA 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 26b. TIME OF INJURY 1 Natural 5 Pending investigation 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be 4 Homicide datarmined 29s. CERTIFIER

1/2 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated.

29b. SIGNATURE AND TITLE OF CERTIFIER Martaanal akhnoeder NAR

2 🔲 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner as stated.

29c. LICENSE NUMBER

126331

13/27/80

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

STOIMACARTHURBUD. NWWASH.D. C. 20016 MARTA ANNESCHMEIDER MD

31. DATE FILED (Month, Dey, Year)
APR 03 90

32. REGISTRAR'S SIGNATURE win Davidson-Randoll

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a flours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

-	FOR STATE REGISTRAR	STATE OF	MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL	HYGIENE REG. NO.
. 0	DECEDENT'S NAME (First, Middle, Last)		4 .	2 DATE O	E DEATH

1 - STATE REGISTRAR	SIMIE UF	MARTEA	CERTIF	ICATE				MENIAL	REG. NO	_		
1. DECEDENT'S NAME (First, Middle, MARTOR)	4 S.		Hu	GH	5			2. DATE O MONTH	-35	×-9	YEAR	3. TIME OF DEATH
4. social security number 396-14-5439	5. SEX		yrs. lasi birthday) 55 YRS.	MONTHS 1	YEAR DAYS	HOURS	MIN.	7. DATE OF (Month, SEPT.	Dey. Year)	924	Count	PPLACE (State or Foreign ry) NESOTA
13002 MARGOT D	Cally field a Caracita (III) School I store I field					R LOCATION TO SERVICE	ON OF DE	ATH		9c. COUNTY OF DEATH MONTGOMERY		
100. STATE 10b. C	OUNTY  MONTGOME	RY	10c. CIT	Y, TOWN OF		ON	Æ.		-			10d. INSIDE CITY LIMITS? 1 YES 2 NO
100. STREET AND NUMBER 13002 MARGOT D	RIVE					ZIP CODE		3		10g. Ch	USA	WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced		NT EVER IN U	2 XNO	- 11	yes, spe	ENDENT C	F HISPAN	NIC ORIGIN?		or No-	14. RAC	E — American Indien, k, Whita, atc.
15. DECEDENT': (Specify only highest Elementary/Secondary (0-12)	College (1-4 or 9		(Give kind of life. Do NOT u	ECEDENT'S USUAL OCCUPATION  Give kind of work done during most of working  a. Do NOT use retired.)  MEMAKER								
17. FATHER'S NAME (First, Middle, La CHARLES SHERA	R						MAI	RGARE'	r	BIL	LINGS	5
199. INFORMANT'S NAME (Type/Print EUGENE HUGHES	(HUSB			2 MAR	GOT	DRIV	7E, I	ROCKV	ILLE,	MAR	YLANI	
20s. METHOD OF DISPOSITION 1 N Buriel 2 Cremetion 3 C 4 Donation 5 Other (Specify 21. SIGNATURE OF FUNERAL SERV)	)		PLACE OF OISPO other place) ATE OF I	HEAVE	N CE	METE	ERY				SPRIN	own, State NG, MARYLANI
- Henri	Callins (	7		FR. 500	ANCI O UN	S J.	COI CSIT	LLINS Y BLVI	FUNE	RAL I	HOME	INC. SP., MD 2090
23. PART I. Enter the disease abook, or heart as the manner of the manne	a. DUE T	O (OR AS A C	ch lina.	ENOG PFI: PR				OFU				Interval Between Onset and Deat 18 Mos
PART II. Other significent con	ditions contributing to	lo death but	t not resulting	In the und	1	cause :	given in		24a. WAS AN PERFOI 1 YES 2	RMEO?	240	S. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 NO	HOSPITAL:	☐ ER/Outpet	Nent 3 DOA	OTHER 4   Nurs	t.	V		8 Cher				
27. MANNER OF DEATH  1 Netural 5 Pending	28e. DATE ( (Month,		28b. TII		28c. INJ WO	JRY AT			RIBE HOW	INJURY O	CCURED	
2 Accident Investig 3 Suicide 8 Could n 4 Homicide datarmi	28e. PLACE building	be be building, etc. (Specify)  28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)  28f. LOCATION (Street and Number or P City or Fown, Statio)							er or Rural	Route Number,		
anal	PHYSICIAN: To the best											e) end manner as stated,
29b. STOMATURE AND TITLE OF CE	Brown	e M	W			29 LIC	ENSE NU	MBER 28U	,	29d. DA	TE SIGNE	(Month, Dey. Year)
30. NAME AND ADDRESS OF PERSON  31. DATE FILED (Month, Day, Year)	1. BROW	NA	us 1	48	80	PH	451	C/AN.	A) 2	NE	Roci	WILLE MI
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	ages 1, 2, 3 should		
THE THOUGHT OF THE STATE OF THE	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burtal-transit permit. Pages 1, 2, 3 should	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: it item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

31, DATE FILED (Month, Day, Year)

Julia Day doon - White Day

FOR 1 - STATE REGISTRAR	STATE OF MARY		MENT OF HEALTH		TAL HYGIENE REG. NO.		30 1110		
1. DECEDENT'S NAME (First, Middle, Last BILL	ROPER	HUNTE	R	AP	RIL 4,	1990 YEAR	3. TIME OF DEATH 2;10 AM M		
4. SOCIAL SECURITY NUMBER 239-42-9321	5. SEX 6. AC		F UNDER 1 YEAR IF UNDER 2 DNTHS DAYS HOURS	4 HRS. 7. DA MIN. 08	TE OF BIRTH	6. BIR	THPLACE (State or Foreign		
PHYSICIANS MI		and the second s	LA PLATA	N OF DEATH		9c. COUNTY OF			
Maryland Char			rown or Location				10d. INSIDE CITY LIMITS? 1 YES 2 XNO		
100. STREET AND NUMBER Hunter Hill Box	148		101. ZIP CODE 2061	7		10g. CITIZEN OF	WHAT COUNTRY?		
11. MARITAL STATUS 1 Never Married 2 Married 3 Nidowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 X YI IF YES, GIVE WAR OF	R IN U.S. ARMED ES 2 NO R DATES	13. WAS DECENDENT OF	HISPANIC ORI Mexican, Puer Specify:	GIN? (Specify Yea to Rican, etc.)	Sp	ICE — American Indian, ack, Whita, atc. acity: JCASIAN		
15. DECEDENT'S EC (Specify only highest gra- Elementary/Secondary (0-12) 12	UCATION	16a. DECEDENT'S US (Give kind of wor life. Do NOT use i	k done during most of working retired.)		Non-Prof	INESS/INDUSTRY			
17. FATHER'S NAME (First, Middle, Lest)  Edward P. Hunte		1 WINGIEC	16, MOTH	ER'S NAME (Fin	st, Middle, Meiden S Virgini	Surname)			
19a. INFORMANT'S NAME (Type/Print)  Marlene S. Hunt			as 10 A-F						
20s. METHOD OF OISPOSITION  1 X Burlei 2 Cremetton 3 Removal from State 4 Donation 5 Other (Specify)  20s. PLACE of DISPOSITION (Name of cometery, crematory or other place)  Maryland Veterans Cemetery  22s. NAME AND ADDRESS OF FACILITY Lee Funeral Home, Inc.									
21. SIGNATURE OF FUNERAL BERVICE I	Wach						ome, Inc. linton, Md 20		
23. PART I. Enter the diseases, or ehock, or heert failure immediate CAUSE (Finel disease or condition resulting in death)	e. Acus	sed the deeth. Do not neech line.  What is a consequence of:	enter the mode of dylr	ig, auch as c	erdiac or reepir	atory erreat,	Approximate interval Between Onset and Daeth		
Sequentially liet conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events									
PART II. Other aignificent conditions contributing to death but not resulting in the underlying ceuse given in Part II. 24a. WAS AN AUTOPSY FINDINGS									
PERFORMED?  1 YES NO  AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO									
25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1									
27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation		injuf	WORK?  M 1 YES 2	28c. INJURY AT WORK? 28d. DESCRIBE HOW			DW INJURY OCCURED		
3 Suicide 6 Could not b 4 Homicide determined	building, etc. (5				OCATION (Street au City or Town, State)		ii rioute Number,		
(Check only one)  2  MEDICAL EXAMI	SICIAN: To the best of my ki		in my opinion, death occur	d at the time, o		dua to the caus			
29b. SIGNATURE AND TITLE OF CERTIF	July	DEATH (ITEM 27) (5mg S	$\bigcup D \subseteq Q$	206	29	29d. DATE NGN	ED (Marth, Day, Year)		
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7 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hospital or attending physician.	70 THE FUNERAL ORRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	be filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TOCKNOTO SAME PICE. MANDE ALL STATES AND SECRET PROPERTY AND CONTROL C		FOR 1 - STATE REGISTRAR	STATE OF MARYLAI				ENTAL HYGIEN	9 E	0 11101	
TOTAL THE MALE PROCESSING TO COCCEPTED TO THE STATE OF TH		1. DECEDENT'S NAME (First, Middle, Last)		HO	STER	MAN	2. DATE OF DEATH	1990	3. TIME OF DEATH	
TOO TO TO CONTAINS CENTER DO TO THE CONTROL OF THE		234 62 2960	1 □ M 2 🔀 F	M 2 N F 87 YRS. MONTHS DAYS HOURS				RS MIN. (Month, Dey, Year) Country) 1-13-1903 Indiana		
TODO  TODO	TOR	Crofton Convalesce								
TODO  TODO	REC	10e. STATE 10b. COUNTY							10d. INSIDE CITY	
Second   Control   State   C			nge County	Se				10- CUTITEN C		
Second   Control   State   C	ERA		d 50-F							
Martin W. Sunderman    Martin W. Sunderman		1 Never Married 2 Married FORCES? 1 YES 2 F			2 ☑NO If yes, specify Cuben, Mexican, P				Hack, White, etc.	
Martin W. Sunderman    Martin W. Sunderman	PLETED	(Specify only highest grade co	(Give Idnd of life. Do NOT u	kind of work done during most of working o NOT use retired.)						
Martin W. Sunderman    Martin W. Sunderman	COM	17. FATHER'S NAME (First, Middle, Last)		110100			(First, Middle, Meiden	Surneme)		
Carol H. Nigro  2008. METHOD of DISPOSITION 10 Burlet 2 & Ceremeters 3   Removed from State 1   Dometion 5			man	Tan man my	1000500 (0)					
200. METADO OF DISPOSITION   The place of DisPOSITION (Name of commency, crumatory or all Burdle 2 & Crementors   200. LOCATION - City or Torm, State   All Conditions   200. Metapolitical   200. M	5			110 500 000			The second second			
21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY Beall—Evans Funeral Home, P.A. 16000 Annapolis Rd. Bowie Md. 20715  23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, informal Between Onset and Death disease or conditions.  23. PART II. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, informal Between Onset and Death disease or condition.  24. PART E. CAUSE (Fined disease) or conditions, and the cause of the cause of the cause of the cause of the United States of the Complete of		20a. METNOD OF DISPOSITION	ral from State	LACE OF DISPO			20c. LO	CATION — City o		
Beall-Evans Funeral Home, P. A.  16000 Annapolis Rd. Bowle Md. 20715  23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart fellure. List only one bouse on each line.  IMMEDIATE CAUSE (Fine)  a. Out to (or As a Consequence or):  Out to (or A				[etropo]				exandri	a Virginia	
22. PART I. Enter the diseases, to complication that caused the death. Do not enter the mode of dying, such as cardisc or respiratory errest, abock, or heart fellure. List only one pause on each line.  MMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, and a consequence of part of the state of the cause of the state of the s		Reliet E 8			Bea	11-Evans I	Funeral H			
PART II. Other eignificent conditions contributing to deeth but not resulting in the underlying cause given in Pert I.  248. WAS AN AUTOPSY PERFORMED?  1 VES 2 NO  25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1 VES 2 NO  26. PLACE OF DEATH (Check only one)  27. MANNER OF DEATH  1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Nome 5 Residence 6 Other (Specify)  280. DATE OF INJURY M OWNEY  280. DATE OF INJURY AT WORK?  1 VES 2 NO  280. DATE OF INJURY AT WORK?  1 VES 2 NO  280. DATE OF INJURY AT WORK?  1 VES 2 NO  280. DATE OF INJURY AT WORK?  280. DATE OF INJURY AT WORK?  1 VES 2 NO  280. DATE OF INJURY AT WORK?  280. DATE OF INJURY AT WORK?  280. DATE OF INJURY AT WORK?  1 VES 2 NO  280. DATE OF INJURY AT WORK?  280. DATE OF INJURY AT WORK?  280. DATE OF INJURY AT WORK?  1 VES 2 NO  280. DATE OF INJURY AT WORK?  280. DATE OF INJURY AT WORK?  280. DATE OF INJURY AT WORK?  1 VES 2 NO  280. DATE OF INJURY AT WORK?  280. DATE OF INJURY AT WORK?  280. DATE OF INJURY AT WORK?  1 VES 2 NO  280. DATE OF INJURY AT WORK?  28	ERTIFICATION	ahock, or heert feilure. List IMMEDIATE CAUSE (Fine) diseese or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause, Enter UNDERLYING CAUSE (Disease or Injury that initiated events	OUE TO (OR AS A C	CONSEQUENCE OF CONSEQUENCE OF	enti	yelou	fail  aligin	iretory erreet,	Interval Between	
29. CERTIFIER (Check only one) 2   MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and place, end due to the cause(e) and manner se stated.  29b. SIGNATURE AND TITLE OF CERTIFIER  29c. LICENSE NUMBER  29d. DATE SIGNED (Month, Day, Year)  30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Wife, Print)  31. DATE FILED (Month, Day, Year)  32. REGISTRAR'S SIGNATURE		PERFORMED?  1 YES 2 NO COMPLETION OF CAUSE OF DEATH?								
29. CERTIFIER (Check only one) 2   MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and place, end due to the cause(e) and manner se stated.  29b. SIGNATURE AND TITLE OF CERTIFIER  29c. LICENSE NUMBER  29d. DATE SIGNED (Month, Day, Year)  30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Wife, Print)  31. DATE FILED (Month, Day, Year)  32. REGISTRAR'S SIGNATURE	CIA	EXAMINER?	HOSPITAL:			PLACE OF DEATH (Chec	k only one)			
3   Sulcide 4   Homicide 6   Could not be determined   Sulciding, etc. (Specify)   299. CERTIFIER (Check only one) 2   MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and piece, and due to the cause(e) and manner ee stated.  299. SIGNATURE AND TITLE OF CERTIFIER   290. DATE SIGNED/(Month, Day, Year)   290. SIGNATURE AND TITLE OF CERTIFIER   290. DATE SIGNED/(Month, Day, Year)   30. NAME AND ADDRESS OF PERSON, WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)   31. DATE FILED (Month, Day, Year)   32. REGISTRAR'S SIGNATURE		27. MANNER OF DEATN  1 Natural 5 Pending	26a. DATE OF INJURY	28b. T/8	4 Nursing No AE OF 28c. IN JURY W	JURY AT CORK?		NJURY OCCURE	D	
296. SIGNATURE AND WITLE OF CERTIFIER  296. LICENSE NUMBER  DO/828  Y/2/90  30. NAME AND ADDRESS OF PERSON, WHO COMPLETED CAUSE OF DEATH (ITEM 27) (1)/pe, Print)  MAX (FLANG Mg - 7575 Nikline Hay- Cluy Burine Mg 2/06/)  31. DATE FILED (Month, Day, Year)  32. REGISTRAR'S SIGNATURE			28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)  28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)  28s. PLACE OF INJURY — At home, farm, street, factory, office City or Revn. State)							
296. SIGNATURE AND WITLE OF CERTIFIER  296. LICENSE NUMBER  DO/828  Y/2/90  30. NAME AND ADDRESS OF PERSON, WHO COMPLETED CAUSE OF DEATH (ITEM 27) (1)/pe, Print)  MAX (FLANG Mg - 7575 Nikline Hay- Cluy Burine Mg 2/06/)  31. DATE FILED (Month, Day, Year)  32. REGISTRAR'S SIGNATURE	OMPLE	(Check only							se(e) and menner as stated.	
MAX C FRANG Mg - 7575 Riplie Hay- Cley Burie MD 2106/ 31. DATE FILED (MONTH, Day, Year) 32. REGISTRAR'S SIGNATURE	8E	(My	naul	24	2	DO/	F28	29d. DATE SIG	NED (Month, Day, Year)	
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,  TO THE HOSPIAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Jours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Last)  Marian Frances HODGKINS	2. DATE OF DEATH	3. TIME OF DEATH 2:00A M
	4. SOCIAL SECURITY NUMBER 5.79-16-6874  5. SEX 1  M 2  F		6. BIRTHPLACE (State or Foreign Country) 7 Camden, N.J.
POR	AMI DOCTORS' HOSPITAL OF P.G. CO. LANHAM  BESIDENCE OF DECEDENT		NCE GEORGE'S
DIREC	Maryland Prince George's Hyattsville		10d. INSIDE CITY LIMITS? 1 7 YES 2 NO
FUNERAL	100. STREET AND NUMBER 6713 Eldridge Street 20784		CITIZEN OF WHAT COUNTRY?
BY FUN	11. MARITAL STATUS  1  Never Merried 2  Merried		9— 14. RACE — American Indien, Black, White, etc. Specify: White
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementery(Secondery (0-12) College (1-4 or 5 +) None  10th Grade  18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) HOUSEWife	186. KIND OF BUSINESS	1 V 10
BE CON	Weller Nicholson Meliss	NAME (First, Middle, Malden Surnar Sa Harper	
TO 1	196. INFORMANT'S NAME (POPPIN) Claude J. Hodgkins (Husband) 196. Malling Address (Street and Number or Run 6713 Eldridge Street,	ni Aoute Number, City or Town, Stet Hyattsville,	Md. 20784
	200. METHOD OF DISPOSITION (Name of commetery, crematory of the Buriel 2 Cremation 3/ Remains from State 4 Donation 5/ Other (Nafety).	Cemetery Crown	
	22. NAME AND ADDRESS OF Francis Gasch 4739 Baltimor	Sons Funer A Ave. Hyatts	al Home, P.A. ville, Md. 20781
CERTIFICATION	23. PART / Enter the disease, or complications that caused the death. Do not enter the mode of dying, as shock, or heart feliure. Liet only ons cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):		y arreet, Approximate Interval Between Onaet and Death
MEDICAL	PART II. Other algnificant conditions contributing to deeth but not resulting in the underlying cause given	in Part I. 24e. WAS AN AUTO PERFORMED? 1  YES 2 WA	AVAILABLE PRIOR TO COMPLETION OF CAUSE
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  LO OTHER:	Check only one)	
	1 VES 2 00 NO 1 5 Inpettent 2 ER/Outpettent 3 DOA 4 Nursing Home 5 Residence  27. MANNER OF DEATH    VES 2 00 NO 1	28d. DESCRIBE HOW INJURY	Y OCCURED
TED BY	2 Accident Investigation 3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, atreet, fectory, office building, stc. (Specify)	281. LOCATION (Street and Nu City or Town, State)	umber or Rural Route Number,
COMPLET	29e. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the beat of my knowledge, death occurred at the time, date end place, and of the complex one)  2 MEDICAL EXAMINER: On the beat of examination end/or investigation, in my opinion, death occurred at the complex of the		
TO BE C	296. SIGNATURE AND TITLE OF CENTIFIER  29c. LICENSE N  30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (I/FEM 27) (Type, Print)	IUMBER 29d.	DATE BIGNED (Mogeth, Day, Year)
	31. DATE FILED (MORIT, Day, Year) 32. REGISTRA'S SIGNATURE	udar ld	Cheverly mid Est
	APR 11 '90 July Savidson-Randalle		DHMH-18 Rev 1/89

3. TIME OF DEATH

6:30 AM

2. DATE OF DEATH DAY

April 2, 1990

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

BEWLEY HALE

ETHEL

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, P.O. BOX 13146	The law requires that the death certificate be executed w
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NOISINIO	DSPITAL OR ATTENDING PHYSICIAN
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_	SPITAL

-1		4. SOCIAL SECURITY NUMBER	5, SEX	6. AGE (In yrs. In	nst birthriav)	IF UNDER 1 YEA	AR T	IF UNDER 24 HRS.	7. DATE O	F BIRTH	- 7 J	8. BIRTHPL M	CE (State or Foreign
1	-	578-46-5659	1 M 2 X F	89		MONTHS DAY	$\overline{}$	HOURS MIN.	(Month,	Day, Year)	000	Country)	
should		Da. FACILITY NAME (If not institution, give:		03		96. CITY, TOW	VN O	R LOCATION OF DE		8, 19		Mary]	
ω	ОВ	Sylvan Manor Nur		2				Spring			Mon	tgomer	·v
s 1, 2,	5	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNT			100 000								
Page	DIRECT		gomery			CITY, TOWN OR LOCATION  10d. INSIDE CITY LIMITS?  The Vy Chase  1 💟 YES 2 🗌 NO					LIMITS?		
ermit.	_								ZEN OF WHAT				
ansit p	IERAL	3207 Thornapple	Street					20815			US	A	
as the burial-transit permit. Pages 1,	/ FUN	11. MARITAL STATUS  1 Never Married 2 Married 12. WAS DECEDENT EVER IN U.S., FORCES? 1 YES 2 E IF YES, GIVE WAR OR DATES			RMED	If yes	, spe	ENDENT OF HISPAN scify Cuban, Mexican 2 X NO Specify	n, Puerto Ri		or No—	14. RACE — / Black, Wh Specify:	American Indian, ita, atc.
as the	р ВУ	3 Wildowed 4 Divorced										Wh	ite
nse s	ETED	15. DECEDENT'S EDU (Specify only highest grad	completed)			JSUAL OCCUP ork done during retired.)			16b.	(IND OF BUS	INESS/IND	OUSTRY	
hed for	APLE	Elementary/Secondary (0-12)	College (1-4 or 5	+)	creta				Na	ionwi	de I	nsuran	ice Co.
once	COMPL	17. FATHER'S NAME (First, Middle, Last)	D 1					18. MOTHER'S NA			Surname)		
ed at	BE	George Patterson  19a. INFORMANT'S NAME (Type/Print)	RewTeA		OL HAM 401	ADDRESS //		Katin			Otate 71-	Code	
5 should notified	10	Helen H. Welton						Drive, E					1817
page t be		20a. METHOD OF DISPOSITION 1-15 Burial 2 Cremation 3 Pag	۸	20h PLACI	E OF DISPOS	ITION (Name o	f con	mistany oramatony or	e riies	V		City or Town,	
rector, p		4 Donatived # Other @psoly)	10	A Ft.	Linco	ln Cem	et	ery		Bre	ntwo	od, Ma	ryland
has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  23 shows any injury, or other traumatic event, the medical examiner must be notified at once.		21. SIGNATUR OF FUNDINAL BERVICE O	ENGEE .			22. NAM	E AN	IS GASCH		ONS FU	NERA	L HOME	, P.A.
the fu oval.		- Janck	100	ham	1								Md. 2078
d in by th or remove medical		23. PART i. Enter the diseases, or shock, or heart failure.				ot enter the	mo	de of dying, suc	h as cardi	ac or reapi	retory arr	rest,	Approximate interval Between
y filled trion, o		iMMEDIATE CAUSE (Final disease or condition	Pand	lac.	anne	1							onset and Death
ompletely if, crema event,		resulting in deeth)	DUE TO	O (OR AS A CONS	EQUENCE OF	2:	4	0		7	/	- 0	and her and
siclan and con infor to burial, traumatic e	NO	disease or condition resulting in deeth)  Due, TO (OR AS A CONSEQUENCE OF):  Carlot of											
ysiclan prior to	CATION	If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury											
ding phy tygiene p r other	RTIFI	thet initiated events reaulting in death) LAST											
ental Hy	뮝	d											
by the attained and Mentains	EDICAL	PART II. Other significant condition	na contributing to	o death but not	t resulting i	n the under	tying	g cause given in	Part i.	24a. WAS AN PERFOR	MED?	AWA	RE AUTOPSY FINDINGS ILABLE PRIOR TO MPLETION DF CAUSE
signed by lealth an	EDI								-	1 TYES 2	NO	DF	DEATH?
been sign of. of Heal shows	Σ											11	YES 2 NO
te has b te Dept.	CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HORESTA				6. PL	LACE OF DEATH (Ch	eck only one	)			
certificate h the State d, or Item	<u> </u>	1 U YES 2 NO		☐ ER/Outpatient	_			ne 5 🗆 Residence					
the with	/ PHY	27. MANNER OF DEATH  1 Netural 5 Pending	28a. DATE O (Month,	FINJURY Day, Year)	28b. TIME INJ	URY	WO	URY AT ORK? YES 2 NO	28d. DE\$6	RIBE HOW I	NJURY OC	CURED	
After death	р ву	2 Accident Investigation 3 Suicide 8 Could not be		OF INJURY — At I	home, ferm, s					TION (Street &		r or Rural Route	Number,
s after	ETEC	4 Homicide datermined	Duriding	an followity)					City o	om/ii, Sia(0)			
TO THE FUNERAL DIRECTOR: After to filed within 72 hours after death IMPORTANT; If item 28 is man	IPLE	(Critical Critis)	SICIAN: To the best of										
JNERA Ithin 7.	COMPL	one) 2 MEDICAL EXAMIN	- 1	examination and/o	or investigatio	n, in my opinie	on, d	death occured at the	time, data	and place, an	d dua to th	he cause(a) an	d manner as stated.
THE FL	BE (	290. SIGNATUREMEND TIPLE OF CENTURE	R	1 /h	WY	7		29c. LICENSE NUI	MBER 7 ^		29d. DAT	E SIGNED (MO	
E 28 M	01	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CA	USÉ OF DEATH IIT	TEM 27) ////	Print)		10/12	-0		0	appr	4 1990
)		Walter E. Goozh,					. 1	Wheaton	Maru	land	200	0.2	
′		31. DATE FILED (Month, Day, Year)	32 DEGISTE	ADIC CICNATION			,		ricit y	<u> - anu</u>	2031	V &	
		APR 05 '90 g	ulia Davidso	n-Nandell	4								
•		Ų	-										DHMH-16 Rev 1/89

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

DHMH-16 Rev 1/89

)3-3146	ttending physician.	s as the burial-transit permit. Pages 1, 2, 3 should	
BALTIMORE, MARYLAND 21203-3146	ours after death. Page 6 may be retained by the hospital or a	filled in by the funeral director, page 5 should be detached for us on, or removal.	he medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Just after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPAR				) MEI	NTAL HYGIEN			
1	1. DECEDENT'S NAME (First, Middle, Lest)  ALBERT BO	OGLEY HEA	VOY					DATE OF DEATH	AY 1	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 219-36-8677		yrs. last birthday) 3 YRS.	IF UNDER 1	_	F UNDER 24 HRS	S. 7. I	Month, Day, Year)	06	8. BIRTH Count	HPLACE (State or Foreign ny) h. DC
DIRECTOR		reet and number) ES HOSPITAL C	ENTER	9b. CITY,	CHEV	OCATION OF	DEATH			INCE	GEORGES
RECT	RESIDENCE OF DECEDENT  10s. STATE 10b. COUNTY		10c. CIT	Y, TOWN OF	R LOCATION	(					10d. INSIDE CITY LIMITS?
	Maryland Princ	e George's	E	Berwy	-	eights					1 X YES 2   NO
RAI	6308 Pontiac Stree	<b>a</b> t			101. ZIP CODE 20740					US	WHAT COUNTRY?
COMPLETED BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced					DENT OF HIS y Cuban, Mer	PANIC O	RIGIN? (Specify Ye rerto Rican, etc.)	s or No—	14. RACI Blac Spec	E — American Indian, k, White, etc.
	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	16a, DECEDENT'S (Give kind of the life. Do NOT us	work done de		f working		16b. KIND OF BU	SINESS/IN	•	ducasiari
MPL	1 2th	4 yrs	Coach					Univer			
BE CO	17. FATHER'S NAME (First, Middle, Last) William Heagy		_			Dais	у В	First, Middle, Maider			
2	19a. INFORMANT'S NAME (Type/Frint) Elizabeth G. Heag	У						Number, City or You Wyn Hei			. 20740
	20s. METHOD OF OR POSITION  1  Burles 2  Commention 3  Parmoval from State  4  Donestion Connection (Specify)  20c. LOCATION Metropolitan Crematory  Alexai										
	22. NAME AND ADDRESS OF FACILITY FRANCIS GASCH'S SONS FUNERAL HOME 4739 Balt. Ave., Hyattsville, Md. 20781										
	IMMEDIATE CAUSE (Finel	List only one cause on as	ch ilne.	not antar t	tha moda	of dying, s	ouch as				Approximata Interval Between Onset and Dasth
CERTIFICATION	disease or condition resulting in death)  Sequentiely list conditions, If any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  a. Constitue Alex factor factor for the constituent of the cons										
PHYSICIAN: MEDICAL C	PART ii. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED?									D. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
SIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					E OF DEATH	(Check o	only one)			
YSIC	1 TES 2 -NO	HOSPIFAL: 1 ☐ Inpatient 2 ☐ ER/Outpe			ing Home			Other (Specify)			
ву рн	27. MANNER OF DEATH  1	28a. DATE OF INJURY (Month, Dey, Year)		M		Y AT ? 3 2 NO		d. DESCRIBE HOW			
ETED	3 Suitcide 8 Could not be determined	28s. PLACE OF INJURY - building, stc. (Specific	— At home, farm,	street, facto	ery, office		261	I. LOCATION (Street City or Town, State	and Numb	er or Rural	Route Number,
COMPLETED	enel only	CIAN: To the best of my knowle									a) and manner as stated.
TO BE C	29b. Signature Abo Title Or Centralia Mag.				2	DO I	NUMBER 33	2	29d. DA	TE SIGNE	(Month, Day, Year)
		M.D., 5711 S	arvis A		e, Ri	verda	le,	Marylan	d 2	0737	
	Robert D. Deitz, M.D., 5711 Sarvis Avenue, Riverdale,  31. DATE FILED (Month, Day, Year)  32. REGISTRAR'S SIGNATURE  APR 05 90  July Davidson—Randelle										DHMH-16 Rev 1/8

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	Pages 1; 2, 3 should	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should have burian and Mental Hydiene prior to burial, cremation, or removal.	or Item 23 shows any injury, or other traumatic ev

								30 11105	
	FOR STATE REGISTRAR	STATE OF MARYLA		TMENT OF H		MENTAL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last)	11				2. DATE OF DEATH	AY )	3. TIME OF DEATN	
	MARTHA	HAtche				63		3 30 CM	
	4. SOCIAL SECURITY NUMBER		n yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTN	8.	. BIRTHPLACE (State or Foreign	
	578201538	1 DM 2 DF	YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year)	8	Uno, Virg9nia	
	9a. FACILITY NAME (If not institution, give s			9b. CITY, TOWN O	OR LOCATION OF OR		1.0	Y OF DEATN	
DIRECTOR	Washington Adventist Hospital Tokoma Park, Md Montgome								
S.	10a. STATE 10b. COUNTY	1	10c. CITY	, TOWN OR LOCAT	ION			10d, INSIDE CITY	
8	LIDEN DC N	/^	W	ASH ]	20			1 W YES 2 NO	
	10e. STREET AND NUMBER	/A			. ZIP CODE		100 CITIZE	EN OF WHAT COUNTRY?	
FUNERAL		HAMPSH	D == 1	VE	2 CODE	_			
밀	4000				2091	2	US		
5	11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED			IIC ORIGIN? (Specify Yen, Puarto Rican, etc.)	a or No- 14	4. RACE — American Indian, Black, Whita, etc.	
BY	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DA			2 XNO Specify			Specify:	
	••							Black	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade			ork done during mo	ON st of working	16b. KIND OF BU	ISINESS/INDUS	STRY	
91	Elementary/Secondary (0-12)	College (1-4 or 5+)	Me. Do NOT us			DT.	' A		
Ē	5th		Hous	ewife		N/	A		
ő	17. FATHER'S NAME (First, Middle, Last)				18. MOTNER'S NA	ME (First, Middle, Maide	Surname)		
	James Wright	t			11/	dora Wrigh	÷		
8	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street &		Route Number, City or To		(ode)	
٤	Verda H. Alford		5427	16th Av	e. #T-2;	Hyattsvil	le, Md	1. 20782	
	20a. METHOD OF DISPOSITION   1   Burial   2   Cremation   3   Rem   4   Donation   5   Other (Specify)	oval from State	other place) Lees C	mon (Name of ce) remator				ty or Town, State	
	21. SIGNATURE OF FUNERAL SERVICE LIG	CENSEE	Dece o	22. NAME A	ND ADDRESS OF FA	CILITY		on, D.G.	
	· LATON	haiske	all			meral Hom W: Washir		D.C. 20011	
	23. PARTAL Enter the diseases, or	complications that caused	the death. Do n						
	shock, or haert feilure.	List only one cause on ex	EPSTS					interval Between Onset and Death	
	iMMEDIATE CAUSE (Finei disease or condition	SIDELL	LIDIO					21 C	
	resulting in death)	a. J (7/11)	CONSEQUENCE OF					112	
		DUE TO (OR AS A	A Ola	);				120 6	
징	Sequentieily ilst conditions,	a ALUT	415000	760				1/1/4)	
CERTIFICATION	If any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF	7):					
<u>2</u>	cause. Enter UNDERLYING CAUSE (Disease or injury	c							
H	that initiated events	DUE TO (OR AS A	CONSEQUENCE OF	7):					
#	resulting in death) LAST	d							
1	PART II. Other aignificant condition	a contribution to death b	ue mee mandelma i		a saves observe to	Don't late was a	. Almonov	Last week surpass surpass	
PHYSICIAN: MEDICAL	DE band	ie contributing to beath b	C. L. A.A	A /	g cause given in		RMED2	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
ă	060411	TRAIN	1 yword	001		1 TES	2 NO	COMPLETION OF CAUSE OF DEATH?	
밁			<u> </u>					1 TES 2 NO	
<u> </u>						<u> </u>			
¥	25. WAS CASE REFERRED TO MEDICAL			28. P	LACE OF DEATH (Ch	eck only one)			
200	EXAMINER?	HOSPITAL:	etient 3 DOA	OTHER:	se 5   Seeldance	6 Other (Specify)			
ξĺ	27. MANNER OF DEATH	28a, DATE OF INJURY	28b. TiM		URY AT	28d. DESCRIBE HOW	INJURY OCCU	RED	
	1 Natural 5 Pending	(Month, Day, Your)		URY WO	YES 2 NO				
B⊀	2 Accident Investigation	00- 01-00-00-10-10-00-	415						
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec		areet, factory, offic	•	281, LOCATION (Stree City or Town, State	and Number of	Pural Houte Number,	
E	4 Houncies Cotestinines								
7	29a. CERTIFIER (Check only	ICIAN: To the best of my knowl	ledge, death occurre	id at the time, deta	and place, and due	to the cause(a) and m	enner as stated	1.	
COMPLETED	constant unity							cause(a) and manner as stated.	
BE	29b, SIGNATURE AND THE OF CERTIFIE	DA	N		29c. LICENSE NUI	MBER	29d. DATE	SIGNED (Menth, Day, Year)	
2	JAM .	UKEY MAN	20		l			1-410	
	30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CAUSE OF DE	ATLANTICA ATT OF THE	0-1-11			7	D .	

Ry Ry

32. REGISTRAR'S SIGNATURE
Ma Savidson-Rydam

.

1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

				ICALE	01				REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last)  Elizabeth Rel	necca Hai	int						2. DATE OF	DA	v 1	YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER			last hirthclm/	E INDED 1	VEAR	IE UNIDED	24 MDC			, ,		HPLACE (State or Foreign
219-66-7805	1 🗆 M 2 💢 F		YRS.			HOURS	MIN.	(Month E	law Maart	906	Count	(7)
9e. FACILITY NAME (If not institution, give s	treet end number)			9b. CITY, T	OWN C	R LOCATI	ON OF DE		20,1			
Washington Coun	ty Hospia	tal		Hagerstown Washington						inaton		
RESIDENCE OF DECEDENT											100010	
						ION						10d. INSIDE CITY LIMITS?
	ungron		1.000	7 V S D O/		ZIR COO	E			ton CIT	TZEN OF 1	1 YES 2 X NO
21514 Mt. Lena Rd.					1.0		_			- 67		MAI COUNTRY
11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S.				13. W	AS DEC	ENDENT C	F HISPAN	IC ORIGIN? (	Specify Yes			E American Indian, k, While, atc.
			No						en, atc.)			
- Emilia States											, (	thite
(Specify only highest grade		16a	(Give kind of a	work done du	ring mo	ON at of working	ng	16b. K	ND OF BUS	SINESS/ING	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5	+)			ת			H	ome			
17, FATHER'S NAME (First, Middle, Last)				-		16. MOT	HER'S NAI		_	Sumamel		
John Alvey Lum												
19e. INFORMANT'S NAME (Type/Print)										n, State, Zij	p Code)	
Carlton E. Haup	t,Sr.		21514	Mt. L	eno	Rd.	Boo	onsbor	o,MD	217	713	
20s. METHOD OF DISPOSITION 1/1 Burlel 2 Cremellon 3 Rem	oval from Stale	20b. PLA	CE OF DISPOS	SITION (Name	e of cen	netery, cren	natory or					
4 Donation 5 Other (Specify)		_ Mt	. Leno	i Ceme	te	LY			Mt.	Lend	a, Mi	)
21. SIGNATURE OF PURERAL SEGMAN LIC	JENSEE (	) .										
neynis	Z X	lan	9						shute	MD	21	783
23. PARTI. Entar the diseases, or									23 17 117 11	A ALTER		
shock, pr heart fallure.	complications the	t caused the	daath. Do i	not anter th	ha mo	da of dy	ing, suci	as cardia	c or respi	ratory sr	rest,	Approximata
shock, Dr heart fallure.	List only one car	use on each	lina.	not anter th	ha mo	da of dy	ing, suci	as cardia	C DF respi	ratory sr	rest,	
shock, Dr heart fallure.	List only one car	use on each	lina.	not anter th	ha mo	da of dy	ing, suci	as cardia	c or respi	ratory sr	rest,	Approximata Interval Between
shock, Dr heart fallure.	a. Resy	Dirate	ory	Avvo	ha mo	da of dy	ing, suci	as cardla	c or respi	ratory sr	rest,	Approximata Interval Between
shock, pr heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions,	a. Plsy Due to A Hist	OF AS A CON	IINA.  ) / U ISEOUE ICE O	Avvo	st Jil	da of dy	lat	as cardle	c or respi	ratory sr	rest,	Approximata Interval Between
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shock, pr heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	a. Plsy Due to A Hist	Dirate	IINA.  ) / U ISEOUE ICE O	Avvo	st Jil	da of dy	lat	as cardle	c or respi	ratory sr	rest,	Approximata Interval Between
shock, pr heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in daath)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	a. Plsy Due to A Hist	OF AS A CON	IINA.  ) / U ISEOUE ICE O	Avvo	st Jil	da of dy	lat	as cardle	c or respi	ratory sr	rest,	Approximata Interval Between
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	4. SOCIAL SECURITY NUMBER  219-66-7805  9e. FACILITY NAME (If not institution, give s  Washington Count  RESIDENCE OF DECEDENT  10a. STATE 10b. COUNT  MD Wash  10e. STREET AND NUMBER  21514 Mt. Lena 1  11. MARITAL STATUS  1 Never Married 2X Merried  3 Widowed 4 Divorced  15. DECEDENT'S EDU  (Specify only highest grade  Elementary/Secondary (0-12)  17. FATHER'S NAME (First, Middle, Last)  John Alvey Lum  19e. INFORMANT'S NAME (Type/Print)  Carlton E. Haupa  29e. METHOD OF DISPOSITION  MS Burled 2 Cremetion 3 Rem  4 Donation 5 Other (Specity)  21. SIGNATURE OF PUMERAL BETWEE LICE	4. SOCIAL SECURITY NUMBER  219-66-7805  9. FACILITY NAME (II not institution, give street end number)  Washington County Hospia  RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY  Washington  10e. STREET AND NUMBER  21514 Mt. Lena Rd.  11. MARITAL STATUS  1 Never Married  2X Merried  1S. DECEDENT'S EDUCATION  (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5)  17. FATHER'S NAME (First, Middle, Last)  John Alvey Lum  19e. INFORMANT'S NAME (Type/Print)  Carlton E. Haupt, St.  29a. METHOD OF DISPOSITION  LO Burlel 2 Cremetion 3 Removal from State  4 Donetion 5 Other (Specify)  21. SIGNATURE OF PUMERAL ELEMES LICENSEE	219-66-7805  1  M 2 XF 84  9e. FACILITY NAME (it not institution, give street end number)  Washington County Hospital  RESIDENCE OF DECEDENT  10e. STATE  10b. COUNTY  MD  Washington  10e. STREET AND NUMBER  21514 Mt. Lena Rd.  11. MARITAL STATUS  1 Never Married 2X Merried  3 Widowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES  15. DECEDENT'S EDUCATION  (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5 +)  17. FATHER'S NAME (First, Middle, Last)  John Alvey Lum  19e. INFORMANT'S NAME (Type/Print)  Carlton E. Haupt, Sr.  29e. METHOD OF DISPOSITION  LD Burlet 2 Cremetion 3 Removal from State  4 Donetion—5 Other (Specify)	4. SOCIAL SECURITY NUMBER  219-66-7805  1  M 2  F 84  YRS.  99. FACILITY NAME (If not institution, give street end number)  Washington County Hospital  RESIDENCE OF DECEDENT  109. STATE  109. COUNTY  MD  Washington  109. STREET AND NUMBER  21514 Mt. Lena Rd.  11. MARITAL STATUS  1 Never Married  3 Widowed 4 Divorced  15. DECEDENT'S EDUCATION  (Specify only highest grade completed)  Elementary/Secondary (0-12)  17. FATHER'S NAME (First, Middle, Last)  John Alvey Lum  199. INFORMANT'S NAME (Type/Print)  Carlton E. Haupt, St.  20b. PLACE OF DISPOSITION  109. METHOD OF DISPOSITION  109. METHOD OF DISPOSITION  109. METHOD OF DISPOSITION  209. METHOD OF DISPOSITION  109. Other (Specify)  100. STREET AND NUMBER  21514  200. PLACE OF DISPOSITION  215. PLACE OF DISPOSITION  215. PLACE OF DISPOSITION  216. Lence  216. PLACE OF DISPOSITION  217. FATHOR OF DISPOSITION  218. DECEDENT'S EDUCATION  218. MAILING  218. METHOD OF DISPOSITION  219. METHOD OF DISPOSITION  219. METHOD OF DISPOSITION  220. 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PLACE OF DISPOSITION  269. PLACE OF DISPOSITION	4. SOCIAL SECURITY NUMBER  219-66-7805  1  M 2  X F  84  YRS.  9e. FACILITY NAME (If not institution, give street and number)  Washington County Hospital  RESIDENCE OF DECEDENT  10e. STATE  10e. COUNTY  MONTHS  10e. CITY, TOWN OR  BO ONS 6 O'  10e. STREET AND NUMBER  21514 Mt. Lena Rd.  11. MARITAL STATUS  1 Never Married  1 Widowed 4 Divorced  15. DECEDENT'S EDUCATION  (Specify only highest grade completed)  Elementary/Secondary (0-12)  17. FATHER'S NAME (First, Middle, Last)  John Alvey Lum  19e. INFORMANT'S NAME (Type/Print)  Carlton E. Haupt, Sh.  20e. METHOD OF DISPOSITION  AB Burlel 2 Dremetion 3 Removal from Stale  4 Donation 5 Other (Specify)  21. SIGNATURE OF PINERAL BEHAVE LICENSEE  22. N.  Date  22. N.  Date  4 Donation 5 Other (Specify)  22. N.  Date  4 Donation 5 Other (Specify)  22. N.  Date  4 Donation 5 Other (Specify)	4. SOCIAL SECURITY NUMBER 219-66-7805  1	4. SOCIAL SECURITY NUMBER  219-66-7805  1	4. SOCIAL SECURITY NUMBER 219-66-7805  1	4. SOCIAL SECURITY NUMBER 219-66-7805 1	4. SOCIAL SECURITY NUMBER 2.19-66-7805  5. SEX 1	4. SOCIAL SECURITY NUMBER 219-66-7805  1	4. SOCIAL SECURITY NUMBER 219-66-7805  1

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DISTORY OF THE MENONS, 1.5. BOX 1315, 1	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funera	a start within 79 hours after death with the Cente Dank of Health and Mental Horison prior to hard I remarked
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		FOR STATE REGISTRAR	STATE OF MARYL			TMENT O			MEN	TAL HYGIEN			
		1. DECEDENT'S NAME (First, Middle, Last)	1.1		1					ATE OF DEATH	Y	YEAR	3. TIME OF DEATH
				yer			[		C	3 23	3	90	120pm
		4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. les	YRS.	MONTHS D	AYS HO	INDER 24 HRS.	(N	ATE DF BIRTH Honth, Day, Year) 2-15-39	,	8. BIRTH	IPLACE (State or Foreign
		9a. FACILITY NAME (if not institution, give s		) [		9b. CITY. TO	WN DR LO	CATION DF I		9-13-38		NTY OF D	PEATH .
	5	Anne Arundel	· ·	ent	er			polis					Arundel
- 1	5	RESIDENCE OF DECEDENT  10a, STATE  10b, COUNT	v		I so om	Y, TOWN OR I							10d. INSIDE CITY
	DIRECTOR		e Arundel			Annar							LIMITS?
- 1		10e. STREET AND NUMBER	e munder			annas	10f. ZIP				10g. CIT	IZEN DF V	WHAT COUNTRY?
	FUNERAL	1920 Harrington Place 21401 U.S.A							A .				
	E I	11. MARITAL STATUS  1 Never Merried 2 Married	12. WAS DECEDENT EVER FDRCES? 1 YES			13. WAS	B DECENDERS, specify,	NT DF HISP/ Cuban, Mexic	ANIC OR	IIGIN? (Specify Year orto Rican, etc.)	or No-		E — American Indian, k, While, atc.
	ВУ	3 Widowed 4 Divorced	IF YES, GIVE WAR OR I	DATES				NO Spec				Spec	ite
	8	15. DECEDENT'S EDU		16a. DE	CEDENT'S	USUAL OCCU	IPATION	Care		16b. KIND OF BUS	SINESS/IN		
	Ē	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	life	. Do NOT us	e retired.)							7
ಪ	COMPL		5 +	Re:	sear	ch An	<u> </u>				-,	OI	Defense
Ounce		17. FATHER'S NAME (First, Middle, Last)	12.1							rst, Middle, Maiden			
3	BE	Ernest C. Fri	edich	19	b. MAILING	ADDRESS (S				rathmar Number, City or Town		p Code)	
	은	Philip Wacker	nagen			Harr						-	MD 21401
罐		20g METHOD OF DISPOSITION 1 Surial 2 Cremation 3 Rem		b. PLACE	OF DISPOS	SITION (Name				V 1	CATION — City or Town, State		
E.		4 Donation 5 Dother (Specify) Kest Haven Memorial Cem. Evendale							le,	Ohio			
mine	1	7. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Taylor Funeral Chapel											
exa i		147 Gloucester St., Annapolis, MD2140									is,MD21401		
e medicai examiner musi		23. PART I. Enter the diseases, or complicatione that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or heart fallure. List only one cause on each line.  IMMEDIATE CAUSE (Finel									Approximate interval Between Onset and Death		
other traumatic event, the		disease or condition resulting in death)	. Maen		(ll	mo	2						Brus-
even			DUE TO (DR AS	A CONSE	QUENCE D	F):							
matic e	CERTIFICATION	Sequentielly list conditions, if any, leading to immediate	bDUE TO (DR AS	A CONSE	QUENCE O	F):							
tran	CAT	cause. Entar UNDERLYING CAUSE (Disease or Injury	c										
other	E	that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSE	QUENCE O	F):					,-		
5	Ä	Teading III death) EAST	d										
Injury,	A P	PART II. Other eignificent condition	ns contributing to death	but not	reeulting	in the unde	riying ca	uae given i	n Part	i. 24a. WAS AN PERFOR		341	. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
WS any	EDIC									1 [] YES 2	LNO		OF DEATH?
shows	2												1 TES 2 ND
33	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL					26. PLACE	OF DEATH (	Check on	nly one)			
r item	SIC	EXAMINER?  1 YES 2 NO	HOSPITAL: 1   Inpatient 2   ER/Ou	tpatient :	DOA	OTHER:				Other (Specify)			
rked, or	夫	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)		28b. TIM		ic. INJURY WORK?		1	DESCRIBE HOW I	NJURY O	CURED	
s marked,	ВУ	1 Natural 5 Pending 2 Accident Investigation				М	1 YES	2 ND					
28 is		3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE DF INJUF building, etc. (Sp	IY — At he	ome, farm,	street, factory	, office			LOCATION (Street of City or Town, State)		er or Rural	Route Number,
If Item	MPLET	one) —	SICIAN: To the best of my kno										
IMPORTANT:	COMI	29b. SIGNATURE AND TITLE OF CERTIFIE	ER: On the basis of examination	on and/of	mvestigatk	on, in my oph				uma and piece, ar			
POR	BE	a Ch	Un Anna				29	LICENSE N	E NUMBER 29d. DATE SIGN			23	S (MONTH, Day, Year)
8 ≧	2	30. NAME AND ADDRESS OF PERSON WI	10 COMPLETED CAUSE OF D	EATH (ITE	M 27) (Type	, Print)	1		1		1		

DHMH-18 Rev 1/89

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nous after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached he filed within 72 hours after death with the State Deat, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
ours after death.	I in by the funeral or removal.	nedical examin
cuted within 24 ho	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fine within 72 hours after death with the State Deat, of Health and Mental Hyglene prior to burial, cremation, or removal.	tic event, the n
certificate be exe	nding physician an Hygiene prior to b	r other trauma
es that the death	gned by the atter	s any injury, o
N: The law requir	State Dept. of He	item 23 show
NDING PHYSICIAL	t. After this certific death with the	is marked, or
SPITAL OR ATTE	JERAL DIRECTOR	IT: If Item 28
TO THE HOS	TO THE FUN	IMPORTA

STATE OF N	MARYLAND /	DEPARTMENT	OF HEALTH	AND	MENTAL	HYGIENE
	CE	RTIFICATE	OF DEA	ГН		REG. NO.

	REGISTRAR CERTIFICATE OF DEATH	REG. NO.								
	1. DECEDENT'S NAME (First, Middle, Last)	2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH								
	EVERETT E HALE	3 30 YEAR 0847	М							
	4. SOCIAL SECURITY NUMBER  5. SEX  6. AGE (In yrs. last birthday)   F UNDER 1 YEAR   IF UNDER 24 HRS.  284 14 2860   1 May   F YRS.	7. DATE OF BIRTH 6. BIRTHPLACE (State or Foreign Country) .	٦							
	9a. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF I	EATH 9c. COUNTY OF DEATH	$\dashv$							
TOR	CARROLL County Hospital Westmins	ter CARROLL								
DIRECTOR	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION Eldersburg	10d. INSIDE CITY LIMITS? 1 YES 2 NO								
	100. STREET AND NUMBER 101. ZIP CODE	10g. CITIZEN OF WHAT COUNTRY?	$\dashv$							
FUNERAL	6011 Cedar Court 217	84 USA.								
BY FU	11. MARITAL STATUS  1 Never Married  1 Never Married  3 Wildowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES  13. WAS DECENDENT OF HISP/ If yes, specify Cuben, Maxk  1 YES 2 NO Specify Cuben, Maxk									
8	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working	16b. KIND OF BUSINESS/INDUSTRY	-							
COMPLET	Elementary/Secondary (0-12) College (1-4 or 5+)  Engine (0-12)  Engine (1-4 or 5+)	Government								
0		AME (First, Middle, Maiden Sumame)	$\neg$							
BE C	RUSSE// HATE  190. INFORMANT'S NAME (Type/Print)  190. MAILING ADDRESS (Street and Number or Pura	POUTE FIN LE Y								
5	MARIE A HATE 601/CEDAR COURT	Eldersburg, Md-2178	1							
	20a. METHOD OF DISPOSITION  1 Spurial 2 Cremation 3 Removal from Stata  4 Donation 5 Other (Specify)	CEALLER POUCHKAROSIC. NY								
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF F	ACILITY	1							
	Harry W. Haight Fund	eral Home Bax 195 Sykesuill	2							
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, au shock, or heart fellure. List only sine cause on each line.	ch ee cardiec or respiratory erreat, Approximate Interval Betwee	on l							
	IMMEDIATE CAUSE (Finel	An a Onset and De								
	disease or condition as a condition of the second s									
	OUE TO (OR AS A COMSEQUENCE OF):									
NO	Sequentially list conditions,  DUE TO (OR AS A GONSEQUENCE OF):									
F	If eny, leading to immediate cause. Enter UNDERLYING									
2	CAUSE (Disease or Injury		_							
CERTIFICATION	that initiated events resulting in death) LAST									
CE										
	PART II. Other algnificant conditione contributing to deeth but not resulting in the underlying cause given i	n Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDIN PERFORMED? AMILIABLE PRIOR TO	GS							
5		1 YES 2 NO COMPLETION OF CAUSE	:							
ME		1 U YES 2 NO								
-										
IAI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	check only one)								
SIC	EXAMINER?  1 YES 2 NO Inpetient 2 ER/Outpatient 3 OOA 4 Nursing Home 5 Residence	6 C Other (Specify)								
PHYSICIAN: MEDICAL	27. MANNER OF DEATH  28e. DATE OF INJURY (Month, Day, Year)  28b. TIME OF INJURY WORK?  1 Pending  M I VER 2 NO	28d. DEŞCRIBE HOW INJURY OCCURED								
) BY	2 Accident investigation 3 Suicide 28e. PLACE OF INJURY — At home, farm, street, factory, office	261. LOCATION (Street and Number or Rural Route Number,	$\dashv$							
ETE	4 Homicide determined	City or Town, State)								
COMPLETED	29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, desth occurred at the time, data and place, and dronner  2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at till									
BE C	296. BIONAYUHE AND TITLE OF CENTERER	UMBER 29d. DATE SIGNED (Month, Day, Year)								
9	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	-11 3-2090	$\dashv$							
		WESTMINSTER, and								
	MANUEL J. SEVI (A GIINURSERY FOR  31. DATE FILED (MONTH, Day, Year)  32. REGISTRAR'S SIGNATURE  APR 3 - '90  Subject Davidson - Rando Re									

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within within within within the death. Page 6 may be a	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page & be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
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	1 - STATE STATE OF MARYLAND / CE		OF HEALTH AND I	MENTAL HYGIENE REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH	3. TIME OF DEATH
1 3	ARTHAR M. Howard			MONTH DAY	1990 0440 M
	4. SOCIAL SECURITY NUMBER 6. SEX 6. AGE (In yrs. lest	birthday) IF UNDER	1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BIRTHPLACE (State or Foreign
	176-03-2167 18M20 83	YRS. MONTHS	DAYS HOURS MIN.	(Month, Day, Year) 65-09-1901	Country)
O.B.	Da. FACILITY NAME (It not institution, give street and number)  Carroll County General Hospitality	ob. CITY	town or Location of DE	nd 21157 C	COUNTY OF DEATH
5	RESIDENCE OF DECEDENT  10e, STATE  10b, COUNTY	10c. CITY, TOWN	OR LOCATION		AND INCIDE OFF
DIRECTOR	Md. Howard	MARR	9	; <u></u>	10d. INSIDE CITY LIMITS?  1 YES 2 THO
	10e. STREET AND NUMBER	711111	10f. ZIP CODE	10g.	CITIZEN OF WHAT COUNTRY?
FUNERAL	1914 Star 200 C-+		011011		115A
Z	11. MARITAL STATUS 12 WAS DECEDENT EVER IN U.S. ARA	MED 13.	WAS DECENDENT OF HISPAN	IIC ORIGIN? (Specify Yea or No-	00.1
	1 Never Married 2 Married FORCES? 1 YES 2 No.	0	if yes, specify Cuben, Mexica	n, Puerto Rican, etc.)	Black, White, atc.
B	3 Wildowed 4 Divorced		1 YES 2 NO Specify	<i>r</i> :	White
0	15. DECEDENT'S EDUCATION 16e. DEC	CEDENT'S USUAL O	CCUPATION	16b. KIND OF BUSINESS	
E	(Specify only highest grade completed) (Git	ve kind of work done Do NOT use retired.)	during most of working	200000000000000000000000000000000000000	
12	6 HGRADE (1-4 or 5+)	NSDECT	"00	GLASS F	Sa Ta act
COMPLETED	17. FATNER'S NAME (First, Middle, Last)	UST EST		ME (First, Middle, Malden Suman	
TO BE CON	71/11/2011		£117	OBETIL CI	20-11-P
B	19e. INFORMANT'S NAME (Type/Print) 19b	MAILING ADORES	L. 101 C.	Route Number, City or Town, State	THE COURT
2	24 - 6 (	A CALL	S (Street and Number or Hural I		21104
	5/6EEN GROVE	1914.	MANERING		TBUILLE MO.
	1 M Buriel 2 Cremetion 3 Removal from State	(08)	ame of cemetery, crematory or	20c. LOCATION	N — City or Town, State
		EN KIOG	REMEM PAL	CE BULLSA	IN LOWISKIP PA
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	22.	NAME AND ADDRESS OF FA	CILITY	′′
CAGI	Harry W. Thught	4	lower FII R	ox 195 Satis	110 21701
3	23. PART I. Enter the diseases, or complications that caused the dec				
	shock, or heert feliure. List only one ceuse on each line.		and mode or dying, eac	ii ao coidide bi acopiiatory	interval Between
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			SHOCK		
	DUE TO (OR AS A CONSEC	DUENCE OF):	0 >	1CABOT	\
Z	Sequentially list conditions, b. TOUTE W	LYOCA	KDIAL I	NFARCTI	200
CERTIFICATION	If any, leading to immediate	DUENGE OF):			
2	CAUSE (Disease or Injury				
	that initiated events DUE TO (OR AS A CONSECUTION OF THE PROPERTY OF THE PROPE	OUENCE OF):			
5 1	d.				
	PART II. Other significant conditions contributing to deeth but not re	esulting in the u	nderlying cause given in	Part I. 24s, WAS AN AUTOF	PSY 24b. WERE AUTOPSY FINDINGS
AL	The second secon	counting in the di	indonying cause given in	PERFORMED?	MAILABLE PRIOR TO
ă				1 D YES 3 NO	O COMPLETION OF CAUSE OF DEATH?
: MEDIC					1 TYES 2 NO
AN.					
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PLACE OF DEATH (Ch	eck only one)	
YSICI	EXAMINER?  1 YES 2 NO HOSPITAL: Inpetient 2 ER/Outpetient 3	DOA 4 Nu	R: rsing Home 6 - Residence	6 Other (Specify)	
<u> </u>	27. MANNER OF DEATH 26s. DATE OF INJURY	28b. TIME OF	26c. INJURY AT	28d. DEŞCRIBE HOW INJURY	OCCURED
BY PH	Netural 5 Pending (Month, Day, Year)	INJURY M	WORK?		
	3 Suicide 28e. PLACE OF INJURY — Al hor	me, ferm, streel, fec	tory, offica	261. LOCATION (Street and Nur	mber or Rural Route Number,
TED	4 Homicide determined building, atc. (Specify)			City or Town, State)	
	29s. CERTIFIER				
4P	(Check only				
Ö	2 MEDICAL EXAMINER: On the basis of examination and/or i	nvestigation, in my	opinion, death occured at the	time, data and place, and dua	to the cause(s) and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER		29c. LICENSE NUI	MBER 29d.	DATE SIGNED (Month, Day, Year)
	ane forth me		D335	-61	
2	TO. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM	M 27) (Type, Print)			
	James L. Forsberg in 9.	of whe	HING TON R	D. WESTMI	NSTER MY
	31. DATE ALTO (Modern, Do.) Of 32 AEGISTRAR'S SIGNATURE				
		0.00			21157

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TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE REGISTRAR		SIAIE UP MA		RTIF	ICATE			Ή		EG. NO.			
1. DECEDENT'S NAME (First,	Middle, Last)			7					2. DATE OF I	DEATH		YEAR	3. TIME OF DEATH
Vorn	ard Po	niamin Hi	1157577	Tr	1 21	3.5		;	31	27	190	TEAH	6 0 H
4. SOCIAL SECURITY NUMB	ER DE	njamin Hi	. AGE (In yrs. inst	birthday)	F UNDER 1	YEAR	IF UNDER	24 HRS.	7. DATE OF E	HTRE	1		HPLACE (State or Foreign
217-32-354	.8	1X M 2 □ F	55	YRS.	MONTHS	DAYS	HOURS	MIN.	Feb.	Y Year)	935	Was	shington,DC
9e. FACILITY NAME (If not ins	stitution, give st	reet end number)			9b. CITY,	TOWN OR	LOCATIO	N OF DE		-,	_	NTY OF E	
Holy Cro	ss Hos	mital			Silv	ver	Spri	nα			Mor	ntgo	merv
RESIDENCE OF DEC		PICAL			DII	VCI	PPLI	119			1101	regor	ici
10a. STATE	10b. COUNTY			10c. CIT	Y, TOWN OF	R LOCATIO	ON						10d. INSIDE CITY LIMITS?
Maryland	Monto	omery		Whe	eaton								1 TES 3/5 NO
10e. STREET AND NUMBER	CI.						ZIP CODE				10g. CIT		WHAT COUNTRY?
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11. MARITAL STATUS	albio, eur	12. WAS DECEDENT   FORCES? 1			13. W	AS DECE	NDENT OF	F HISPAN	IC ORIGIN? (S	pecify Yes	or No-	14. RAC Blac	E — American Indien, ck, White, etc.
1 Never Married 2 3 Divo		IF YES, GIVE WAR	OR DATES				ZNO			, ,		Spec	
		1957-										Whi	te
15. DECI (Specify only	EDENT'S EDUC highest grade	CATION completed)	(G)	ve kind of t	VOIK done di	CUPATION uring most	of working	g	16b. KIN	D OF BUS	INESS/INI	DUSTRY	
Elementary/Secondary (0	1-12)	College (1-4 or 5+)		Do NOT us									. •
12		3		optio	clan					priv	rate	pra	ctice
17. FATNER'S NAME (First, Mi									ME (First, Middl		Surname)		
Bernar	d B. H	Hillyard,	Sr.				В	ern:	ce Mi	lls			
19a. INFORMANT'S NAME (7)	ype/Print)								loute Number, (			p Code)	
Anthony Hil	lyard			3601	Lisa	Way	., W	laldo	orf, M	206	501		
20a. METHOD OF DISPOSITI		oval from State	20b. PLACE other ple		SITION (Nen	ne of ceme	etery, crem	atory or		20c. LO	CATION —	City or T	own, State
4 Donation 5 Other			MD Vet	terar						Che	elter	nham	, Maryland
21. SIGNATURE OF FUNERAL	L SERVICE LIC	ENSEE		1	22. N	NAME AND	ADDRES	S OF FA	Lee	e Fur	nera:	l Ho	me, Inc.
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ehock, or he	eart feilure.	complications that			ICI:	into	n, $M$	D = 20	)735				Approximete Interval Between Onset and Death
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32. REGISTRAR'S SIGNATURE Fulia Savidson-Randell

THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burfat-transit permit. Pages 1 fellow within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burfat. or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

30 '90

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	1203-3146
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within an interference and interference of the propriet or attending physician.	or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit published within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	or use as the burial-transit p
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

	FOR STATE REGISTRAR	STATE OF MARYLAI			F HEALTH AND	MENT	AL HYGIENI REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)						E OF DEATH		3.	TIME OF DEATH
	Richard	S. Huffe	er			O/			EAR	9:27 p M
	4. SOCIAL SECURITY NUMBER		yrs. last birthday)	IF UNDER 1 Y	EAR IF UNDER 24 HRS. AYS HOURS MIN.	7. DAT	E OF BIRTH nth, Day, Year)		BIRTHPLA Country)	CE (State or Foreign
	214-10-4267	¹ <del>x</del> м ² □ ғ 79	YRS.			Ap	ril 16	, 1910	Mar	yland
œ	9a. FACILITY NAME (# not institution, give st Avalon Home Inc				OWN OR LOCATION OF I	HTAS		9c. COUNTY		
5	RESIDENCE OF DECEDENT	3.		Hag	erstown			Was	hing	ton
E	10e. STATE 10b. COUNTY		10c. CI1	Y, TOWN OR	LOCATION				100	J. INSIDE CITY
FUNERAL DIRECTOR		hington	I	lagers	town				1 [	X YES 2 NO
3AL	10e. STREET AND NUMBER				101. ZIP CODE			10g. CITIZEN		COUNTRY?
N	208 Bryan Place	12. WAS DECEDENT EVER IN U	10 ADMED	1 40 1111	21740			USA		
F	1 Never Married 2 Married	FORCES? 1 YES	2 X NO	if y	S DECENDENT OF HISPA es, specify Cuben, Mexic YES 2 X NO Spec	en, Puert	o Rican, etc.)	OF NO 14.	Black, Wi	American Indien, hite, etc.
BY	3 Widowed 4 Divorced	IF TES, GIVE WAR ON DAT	ES	''	TES 2 10 NO Spec	ny:			Specify:	White
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	CATION (1 completed)	6a. DECEDENT'S	USUAL OCCI	JPATION ing most of working	1	Sb. KIND OF BUS	INESS/INDUST	RY	
	Elementary/Secondary (0-12)	College (1-4 or 5+)					Potom	ac Edi	eon	
M	8 Years 17. FATHER'S NAME (First, Middle, Last)		Keri	igera		AME (Ein	, Middle, Maiden		3011	
	Clarence E. Huff	or					beth Sp	,		
BE	19a. INFORMANT'S NAME (Type/Print)	.CI	19b. MAILING	AODRESS (S	Street and Number or Rura					
5	Mary Jane Huffer		208 I	Bryan :	Place Hag	erst	own, Ma	ryland	21	740
	20e. METHOD OF DISPOSITION 1 1 Burlet 2 Cremetton 3 Rem	oval from State	PLACE OF DISPO	SITION (Name	of cemetery, crematory or			CATION City		
	4 Donation 5 Other (Specify)	Bu	rns Hil				Way	nesbor	o, P	enna.
	PL SERVICE OF FUNERAL SERVICE LIC	ENGE DIM MIN	41		ME AND ADDRESS OF F		305	N. Pot	omac	Street
	serun !!	1 Williams	10		eral Home					rvland
	23. PART I. Enter the diseases, proshock, or heart fellure.	complications that caused to List only one cause on each		nDt enter th	e mode of dyling, au	ch as co	ordiac Dr respi	ratory arrest		Approximata Interval Between
	IMMEDIATE CAUSE (Finel disease or condition									Onset and Death
	resulting in death)	e. OUE TO (OR AS A C	CONSEQUENCE (	NE).						
-			a.T.	11/	L					10 Apr
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	OUE TO (OR AS A	CONSEQUENCE C	OF):	}					1
CA	cause. Enter UNDERLYING CAUSE (Disease or Injury	c	A	SCYD	)					YNS
E	that initiated events	DUE TO (OR AS A C	CONSEQUENCE	of):						-4
R		d								
CAL	PART II. Other significant condition	-	t not reauiting	in the unde	erlying cause given i	n Part I.	24a. WAS AN PERFOR			RE AUTOPSY FINDINGS
DIC	Sonek Dem	1en/36					1 - YES 2	KNO		OMPLETION OF CAUSE DEATH?
ME		1						•	1[	YES 2 NO
AN.	25. WAS CASE REFERRED TO MEDICAL									
PHYSICIAN: MEDI	EXAMINER?	HOSPITAL:	5	OTHER:	26. PLACE OF DEATH (					
HYS	27. MANNER OF DEATH	1 ☐ Inpetient 2 ☐ ER/Outpet	28b. Til	ME OF 2	g Home 5 Residence		ther (Specify) DESCRIBE HOW II	NJURY OCCUP	ED	
YP	1 Natural 5 Pending	(Month, Day, Year)	IN.	JURY	WORK? 1 YES 2 NO					
р ву	2 Accident Investigation 3 Suicide S Could not be	28e. PLACE OF INJURY building, etc. (Specifi	- At home, farm,	atreat, fector	r, office		OCATION (Street e	and Number or	Rural Rout	e Number,
E	4 Homicide determined	warranty, acc (opeon	"				ny or rown, state)			
COMPLETED		ICIAN: To the best of my knowle	dge, death occur	red at the tim	e, date end place, end d	ua to the	cause(e) end mer	mer ae atsted.		
ON	One) 2 MEDICAL EXAMINE	ER: On the basie of examination	end/or investigat	lon, in my opli	nion, death occured at t	ne time, d	ate end place, en	d due to the c	ause(e) en	nd manner as stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIE	-1 MG N	10		29c. LICENSE N	UMBER		29d. DATE S	IGNED (M	onth, Day, Year)
TO E	TO MANY AND ADDRESS OF THE PARTY.	(LV )- N		MC Sheri	12170	21		4.	-6-9	70
	30. NAME AND ADDRESS OF PERSON WI		TH (ITEM 27) (Typ	e, Print)	Hama	++	1 41		10	
	31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SIGNA	TURE	TVR	- Hagers	100	V. Md.	2174	0	
	APR 9 'YU	gulia Davi	dson-Mana	tall		3				

DHMH-1S Rav 1/89

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within an intermedial. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per filed within 72 hours after death with the State Dept. of Health and Mental Hygiens prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatte event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR		STATE OF I	MARYLAND /		TMENT OF				HYGIEN REG. NO.			
	1. DECEDENT'S NAME (First	ARC	+ ]		Del.	mil	-on		2, DATE OF MONTH			YEAR 90	3. TIME OF DEATH
	4. SOCIAL SECURITY NÓMI 212–24–798	5	5. SEX 1 M 2 K F	6. AGE (In yrs. les	t birthday) YRS.	IF UNDER 1 YEAR	8 HOURS	R 24 HRS.			27	Countr	PLACE (State or Foreign y) yland
TOR	Union Hospi	tal of		ounty		96. CITY, TOW Elkto		ION OF DE	EATH		cil	EATH	
DIRECTOR	10a. STATE	10b. COUNTY				Y, TOWN OR LO							10d. INSIDE CITY LIMITS?
	Maryland	Cec	11			North :							1 YES 2 NO
RAL	10a. STREET AND NUMBER 7 Beach S						219i				U.S		HAT COUNTRY?
BY FUNERAL	11. MARITAL STATUS  1 Never Married 2 3 Wildowed 4 Divo	Married	FORCES?	IT EVER IN U.S. AF	RMED	If yes	DECENDENT	OF HISPAN	NIC ORIGIN? ( in, Puarto Rici y:			14. RACE	- American Indian, t, White, etc.
COMPLETED	15, DEC (Specify on Elamentary/Secondary (i	CEDENT'S EDU- ly highest grade 9-12)	CATION completed) College (1-4 or 5	+) (G	ECEDENT'S live kind of a Do NOT us HOMEM	,	NTION most of work	ding		OME	SINESS/ING	DUSTRY	
OM	17. FATHER'S NAME (First, A	fiddle, Last)					18. MO	THER'S NA	ME (First, Mid	dle, Maiden	Surname)		
BE C	Arthur J.	Pryor					Mar	y A.	McKi	nnev			
TO B	19a, INFORMANT'S NAME ( Susan J. 1		on			hady Be							01
	20a. METHOD OF DISPOSIT  1 X Burlai 2 Crematic  4 Donation 5 OHIO	on 3 🗆 Rem	oval from Stata	20b. PLACE other po	lece)	ley Cha			rv		CATION —		wn, State aryland
	≥ 1 GONATURE OF FUNETY	of province you	H. C	ul		22. NAMI Crou	ch Fu	ess of fa inera		9			
	23. PART I. Enter the d shock, or h immediate CAUSE (Fi disease or condition resulting in death)	eert feliure,	List only one cs	use on each line	· 9	Tailur	mode of d	ying, suc	h ss cardie	c or respi	iratory sr	rest,	Approximate interval Between Onset and Death
CERTIFICATION	Sequentially list condition if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or injuthat initiated events resulting in death) LAS	diete ING ury	G. I	OR AS A CONSE		19	Ale.	0-0	Lec				
AL	PART II. Other significa	ent condition	s contributing to	desth but not	resulting	in the underl	ying ceuse	given in		4a. WAS AN PERFOR	RMED?	24b	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH?  1  YES 2 NO
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TEXAMINER?	TO MEDICAL	HOSPITAL:	☐ ER/Outpatient :	DOA	OTHER:			eck only one)	Specify)			
ву РНУ	27. MANNER OF DEATH  1 Netural 5  2 Accident	Pending Investigation	26a. DATE Of (Month, I		28b. Tilly IN.	JURY	INJURY AT WORK? YES 2	□ NO	20d. DESCR	NOH BEIN	NJURY OC	CURED	3
ED	3 Suicide 6 1	Could not be detarmined	28e. PLACE ( building	OF INJURY — At he, etc. (Specify)	ome, farm,	street, factory,	ffica		28f. LOCATI City or	ION (Street l Town, State)	and Numbe	r or Rural f	Route Number,
COMPLET	0000	A Principle of the Control of the Co	CIAN: To the best of										) and manner as statud.
TO BE C	29b. SIGNATURE AND TITLE	nfl	211.	any,	1	(.0)	D 296. LK	0 <i>4</i>	7 9	4	294. DAT	8 /3 L	(Month, Day, Mar)

Dey, '90 2. REGISTRAN'S SIGNATURE Gulia Davidson-Randall

OHMH-18 Rev 1/89

TO BE COMPLETED BY FUNERAL DIRECTOR

attending	se as the		
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The Law requires that the death certificate be executed within a mount after death. Page 6 may be retained by the hospital or attending in	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the		nce.
ed by the	onld be de		led at o
ny be retail	page 5 sh		be notif
Раде 6 та	director,		er must
er death.	the funeral	val.	i examin
Hours aft	illed in by	п, от гето	e medica
d within 2	mpletely f	, crematio	event, th
be execute	ian and co	or to burial	aumatic
sertificate !	ing physic	ygiene pric	other tr
he death o	the attend	Mental H	njury, or
ires that t	signed by	Health and	ws any i
e law requ	has been	Dept. of I	23 sho
ICIAN: Th	certificate	the State	, or item
DING PHYS	After this	death with	marked
OR ATTEN	IRECTOR:	ours after	em 28 is
OSPITAL (	UNERAL D	ithin 72 h	UNT: If It
THE H	TO THE FL	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPART CERTIFIC				GIENE G. NO.		
1. DECEDENT'S NAME (First, Middle, Leet) Donald	Henry				2. DATE OF DE	TAY TAY	90	6.40 P
4. SOCIAL SECURITY NUMBER 222-26-0982	1 X M 2 □ F 49		IF UNDER 1 YEAR MONTHS DAYS		7. DATE OF BIR (Month, Day, 06-03-	Year)	a. BIRTI Count	HPLACE (State or Foreign ry)
Memorial Hosp	reet and number) ital at Ea	ston	eb. CITY, TOWN Eas	OR LOCATION DE D	DEATH		albo	
RESIDENCE OF DECEDENT  100. STATE 100. CDUNTY  MD Talb			TOWN OR LOC	ATION				10d. INSIDE CITY LIMITS? 1 X YES 2 NO
Oo. STREET AND NUMBER The Pines Meridia			1	21601		10g. CIT		WHAT COUNTRY?
II. MARITAL STATUS  Never Merried 2 Merried  Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 YES	U.S. ARMED	13. WAS DI	ECENDENT OF HISP/ specify Cuben, Mexic ES 2 NO Spec	en, Puerto Ricen,	city Yes or No-	14. RAC	E — American Indian, k, White, etc.
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	completed)	16a. DECEDENT'S U (Give kind of wo life. Do NOT use	ork done during i	TION nost of working	16b. KIND	OF BUSINESS/IN	DUSTRY	negro
12th 7. FATHER'S NAME (First, Middle, Last)	College (1-4 or 5+)	Construc	tion L		Con	Structi	on	
Rev. Philip A. He	nry			COMES/NOTE	L. Hayes			
e. INFORMANT'S NAME (Type/Print)  Lola L. Henry				t and Number or Rura			p Code)	
DOLA L. RETILY  DOLA L. RETILY  DOLA L. RETILY  DOLA L. RETILY  DOLA L. RETILY  DOLA L. RETILY  DOLA L. RETILY  DOLA L. RETILY  DOLA L. RETILY	oval from State	PLACE OF DISPOSE other place) Pine Tre	TION (Name of o			19730 Pine Tr		
1. SIGNATURE OF FUNERAL SERVICE LIC	Con al	/	22. NAME Cong	AND ADDRESS OF FUNERAL Box 259:	L Home			19805
MMEDIATE CAUSE (Finel disease or condition resulting in deeth)	DUE TO (OR AS A	1000 A CONSEDUENCE OF	:	J) the	Bla	Alle		interval Betwee
f eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	с	A CONSEQUENCE OF)						
PART II. Other significant condition	a contributing to death to	out not resulting in	the underly	ing ceuse given i	1 1	WAS AN AUTOPSY PERFORMED? YES 2 000	24	b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSIOF DEATH?
S. WAS CASE REFERRED TO MEDICAL EXAMINER?				PLACE OF DEATH (C	theck only one)			
1   YES 2   NO	HOSPITAL: 1 Minpatient 2 ☐ ER/Out	patient 3 DOA		ome 5 - Residence				
1 D Natural 5 Pending	(Month, Day, Year)	28b. TIME INJU		NJURY AT WORK?  YES 2 NO	28d. DESCHIBE	HOW INJURY OC	CURED	
3 Suicide a Could not be determined	28e. PLACE OF INJURY building, etc. (Spe	— At home, farm, st	reet, factory, of	fice	28f. LOCATION City or Town	(Street and Numbern, State)	or Aural	Floute Number,
anal	CIAN: To the best of my know							(a) and menner as stated
BIOLETURE WITH OF CERTIFIES	naio			29c. LICENSE N	UMBER OSSIC	29d. DA	TE SIGNE	Money, Day, Year)
M. NAME AND ADDRESS OF PERSON WH  M. DATE FILED (Month, Day, Year)  ADD 3 190	32. REGISTRAR'S SIGN		ring					

# iours after death. Page 6 may be retained by the hospital or attending physician. d in by the funeral director, page 5 should be detached for use as the burial-transit per BALTIMORE, MARYLAND 21203-3146

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCIENE

1 - STATE REGISTRAR		OTHE OF I		CERTIF	ICATE C	F DEATH	REC	G. NO.			
1. DECEDENT'S NAME (First	Middle, Last)						2. DATE OF DE	ATH			3. TIME OF DEATH
El	SIE	м.		HARTY			MARCH	27.	. 19	9()	8:00 P.
4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (//	n yrs. lest birthday)	IF UNDER 1 YE	AR IF UNDER 24 HRS.	7. DATE OF BIR	тн	,	a. BIRTI	HPLACE (State or Foreign
578-24-5128		1 M 2 XF		O YRS.	MONTHS DA		JULY 1		1919		RGINIA
9e. FACILITY NAME (If not in						VN OR LOCATION OF D			9c. COU	INTY OF I	DEATH
9902 MARKH		EET			SI	LVER SPRIN	IG		MO	NTGO	MERY
10a. STATE	10b. COUNT	Y		10c. CI1	TY, TOWN OR LO	CATION					10d, INSIDE CITY
MARYLAND		MONTGOME	RY		SILVER	SPRING					1 YES 2 NO
10e. STREET AND NUMBER						101. ZIP CODE			10g. CIT	IZEN OF	WHAT COUNTRY?
9902 MARKH	AM ST	REET				20901				USA	
11. MARITAL STATUS  1 Never Married 2 3 Widowed 4 X Divo		12. WAS DECEDED FORCES? 1 IF YES, GIVE 1	YES	2 XNO	If yes	DECENDENT OF HISPA , specify Cuban, Mexic YEB 2X NO Speci	an, Puerto Rican, a		or No—	14. RAC Blec Spec	
-		0471011			1						WHITE
(Specify on	EDENT'S EDU y highest grade	completed)		(Give kind of life, Do NOT u	work done during	ATION most of working	16b. KIND	OF BUS	INESS/IN	DUSTRY	
Elementary/Secondary (	)-12)	College (1-4 or 5	+)			CHNICIAN	mp.	T 0/	224		
				ELECIKI	CAL IE			I-C			
17. FATHER'S NAME (First, N SAMUEL LOU!		NN, SR.					AME (First, Middle,				
		MN, SIC.				MAUD			SHER		
199. INFORMANT'S NAME ( GERTRUDE GI	JADAGN	O (SIST)	ED )			eet and Number or Rural					
		0 (3131)	<del></del>								RYLAND 2090
20e. METHOD OF DISPOSIT	n 3 🗆 Rem	oval from State	20b.	other place) ARKLAWN	SITION (Name of	f cemetery, crematory or	1				own, State
4 Donation 6 Other 21. SIGNATURE OF FUNERA		25.1055	_   P	AKKLAWN				ROO	CKVI	LLE,	MARYLAND
21. SIGNATURE OF FUNERA	L SERVICE LI	CENSEE C	_	/	FRAI	E AND ADDRESS OF F	LLINS FI	INE	RAT. 1	HOME.	. TNC
1 Suc	2000	Soot	Tax	4	500	UNIVERSIT	Y BLVD.	, W.	, S.	IL.	SP., MD 209
23. PART I. Enter Me d	Iseasea, or	complications the	at caused	the daeth. Do	not enter the	mode of dying, su	ch es cerdiec o	r respi	ratory as	rrest,	Approximate
shock, or h		List only one ca	use on e								Onset and Dea
diseese or condition	1811	(1	100	o mil	malho	ne Avr	ont				Onset and Bea
resulting in death)		e. DUE TO	OR AS A	CONSEQUENCE O	OF):	7/1	2				
	_	11	ne	mi	the	uy Ara	mulh	4			İ
Sequentially list condit		b. DUE TO	OR AS A	CONSEQUENCE		1	1	+-			
If any, leading to imme cause. Enter UNDERLY	ING					<i>V</i>					
CAUSE (Disease or Injuthat Initiated events	ITY	DUE TO	OR AS A	CONSEQUENCE C	OF):						
resulting in death) LAS	T	d									
PART II. Other significa	int condition	ns contributing to	death be	ut not reaulting	A			MAS AN PERFOR	AUTOPSY MED?	24	b. WERE AUTOPSY FINDING AVAILABLE PRIOR TO
Jerrere		orona	m	1th ter	110	seem	1 🗆	YEA 2	□ NO		COMPLETION OF CAUSE OF DEATH?
	CN	NB/W	el 6	rent of	tull	ne					1 TYES 2 NO
		0									
25. WAS CASE REFERRED T	O MEDICAL					6. PLACE OF OEATH (C	heck only one)				
1 YES 2 NO		HOSPITAL: 1 Inpatient 2	☐ ER/Outp	etlent 3 🗆 DOA	OTHER:	Home 5 Reeldence	6 Other (Spec	elfy)			
27. MANNER OF DEATH		26e. DATE O	F INJURY	28b. Til	ME OF 280	INJURY AT	28d. DESCRIBE		NJURY O	CCURED	
	Pending Investigation	(Month, I	Day, Year)	IIN	M 1	WORK?					
2 Accident 3 Suicide	Could not be	26e. PLACE	OF INJURY	- At home, farm,	street, factory,	offica	26f. LOCATION		and Numbe	er or Rural	Route Number,
4 Homicide	determined	building	, etc. (Spec	ffy)			City or Town	n, State)			
29e. CERTIFIER	TIEVING BUYE	ICIANI TA IL- L	4 1	ada de de		444.	1				
(Check only						date end place, end du					(e) end manner as stated.
		0//	11	// miveligat	on, at my opini						
29b. SIGNATURE AND TITLE	OF CENTIFIE	1/1/201	111	-	04	29c. LICENSE NU	MBER DY	~	29d. DA	TE SIGNE	D (Month, Day, Year)
0100	and	yrve	16h		1 49	10-6	US X C	)		3/	18/10
30. NAME AND ADDRESS O	F PERSON WI	O OMPLETED CAL	JSE OF DE	ATH (ITEM 27) (Typ	e, Print)					/	/
31. DATE FILED (Month, Day,	Year)	32. REGISTA	AR'S SIGN	ATURE				-			
MAR		500	Gan Vac	idour-Run	de 82.						
		/7									

# FOR

#### STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- REGISTRAR		CERTIFIC	ATE OF	DEATH	REG. NO	).	
1. DECEDENT'S NAME (First, Middle, Last	)				2. DATE OF DEATH		3. TIME OF DEATH
Samuel Leon Ha	errison. Jr				March 27	1990	6:00 A M
4. SOCIAL SECURITY NUMBER			F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		. BIRTHPLACE (State or Foreign
FM0 40 F400	1 M 2 F	M	ONTHS DAYS	HOURS MIN.	(Month, Day, Year)		Country)
579-10-5408		75					North Carolina
9a. FACILITY NAME (If not institution, give	street and number)	9	b. CITY, TOWN O	R LOCATION OF DE	ATH	9c. COUNT	Y OF OEATH
Wheaton Manor C	are		Silver	Spring		Mont	gomery
		[ a					I an mane are
100			TOWN OR LOCAT	ON			10d. INSIDE CITY LIMITS?
D.C. None	3	Wash:	ington				1 YES 2 - NO
10e. STREET AND NUMBER			101.	ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?
7413 - 8th Stree	et N.W.			20012		Unit	od States
11. MARITAL STATUS	12. WAS DECEDENT EV				IIC ORIGIN? (Specify Ye	s or No- 14	4. RACE — American Indian, Black, White, etc.
1 Never Married 2 Married	FORCES? 1 X			elfy Cuban, Mexical 2 NO Specify	n, Puerto Ricen, etc.) /:		Specify:
3 Widowed 4 Divorced	World War			- 10			Black
15, DECEDENT'S ED	UCATION	16a. DECEDENT'S US	SUAL OCCUPATIO	N .	16b. KIND OF BU	JSINESS/INDUS	STRY
(Specify only highest gra Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use	k done during mo- retired.)	st of working			
11	001090 (1-4-01-0-7)	Housing 1	Project.	Manager	U.S. G	nvernm	ent
17, FATHER'S NAME (First, Middle, Last)		Thought I			ME (First, Middle, Maide		
CONTRACTOR OF A VAIL OF				- Address - III		. Junitality	
Samuel L. Harris	SON				a Johnson		
19a. INFORMANT'S NAME (Type/Print)					Route Number, City or To		
Berch A. Kearns		1039 C	rittend	en St. N			, D.C. 20017
20a. METHOD OF DISPOSITION 1 ☑ Burial 2 ☐ Cremation 3 ☐ Re	mount from State	20b. PLACE OF DISPOSIT	ION (Name of cen	netery, crematory or	20c. L	OCATION — CH	ty or Town, Stata
4 Donation 5 Other (Specify)	Imoval from State	Maryland N.	ational	Memoria	1 Park L	aurel,	Maryland
21. SIGNATURE OF UNEBAL SERVICE	LICENSEE /	10-2	22. NAME AN	D ADDRESS OF FA	CILITY		
>//m 2.	milne	anne.			al Servic		
2	1 /	7					ngton, D.C.
23. PART I. Enter the dieesses, p shock, or heart fellun IMMEDIATE CAUSE (Final disease or condition resulting in death)	e. List only one ceuse	on aach lina.					st, Approximeta Interval Between Onset and Death
resulting in death)	DUE TO (OR	ESTIVE AS A CONSEQUENCE OF:	.,	, ,,,,			
	- HYPERIE	NISIVE CA	TR DOUA	CULLAR.	DI (1=101)-	-	1 15
Sequantielly list conditions, If any, leading to immediata	DUE TO (OR	AS A CONSEQUENCE OF):					
cause. Enter UNDERLYING	· MULTI IA	IFARCT	DEYEN	DA			
CAUSE (Diseese or Injury that initiated events		AS A CONSEQUENCE OF):					
resulting in death) LAST	4						
	W						
PART II. Other significant conditi	one contributing to da	eth but not resulting in	tha undarlying	g cause given in		N AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
					1 □ YES		COMPLETION DF CAUSE OF DEATH?
					Topod		1 YES 2 NO
					_		
25. WAS CASE REFERRED TO MEDICAL			26 04	ACE OF OEATH (Ch	neck only one)		1
EXAMINER?	HOSPITAL:		отныя:	UNITED THE	Of the Control of the		
1 🗆 YES 2 💢 NO	1 Inpetient 2 I El			URY AT	8 Other (Specify) 26d. DESCRIBE HOW	IN HIDY ACC	IDEO
1 Detural 8 Pending 2 Accident Investigatio	(Month, Day,	(NJU)	RY WC	PRK?	280. DESCRIBE HOW	INJUNY OCCU	JREO
3 Suicide 8 Could not t	building, etc.	IJURY — At home, farm, etc. (Specify)	est, factory, offic		28f. LOCATION (Stree City or Town, Stat	t and Number o	or Rural Route Number,
COROCK OTHY		knowledge, deeth occurred					d. cause(s) and manner as stated.
29b. SIGNATURE AND TITLE OF CERTIF	Algare	yman-	i my	29c, LICENSE NUI	MBER .7660	29d. DATE	SIGNED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON	/ (/	F DEATH (ITEM 27) (Type, I		VER SPR		MD	20910.
31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S		/ 310	210	11.7		W-112.
I SI. DAIL FILLS (MORRI, Day, roar)	JZ. REGISTRANS	JIGHAI UNE					
APR 03 '90	& who Davie	want tonde po					

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DHMH-18 Rev 1/89

the decition will expense assists of the

	_	1 - STATE REGISTRAR	STATE OF MARYLAN	ID / DEPARTMENT ( CERTIFICATE			YGIENE EG. NO.	
		I. DECEDENT'S NAME (First, Middle, Last)	d Gordo	w Hine	Siste	2. DATE OF I		3. TIME OF DEATN
0	1	4. SOCIAL SECURITY NUMBER		rs. lest birthday) IF UNDER 1 Y	EAR IF UNDER 24 HRS. AYS HOURS MIN.	7. DATE OF B	IRTN 8.	BIRTNPLACE (State or Foreign ARYLAND
	<b> </b>	90. FACILITY NAME (If not institution, give st	reet and number)	1/\	OWN OR LOCATION OF E		9c. COUNTY	Y OF DEATH
2.1.2	стоя	RESIDENCE OF DECEDENT  10a, STATE  10b, COUNTY	THE CONTENT	10c. CITY, TOWN OR	POLIS		MARC	
permit. Pages	DIREC	MD. ANNE	ARUNDEL	ARNOI	LD .			10d. INSIDE CITY LIMITS? 1 YES 2 NO
i. Insit perr	ERAL	100. STREET AND NUMBER 825 WATERVIEW	AVENUE		101. ZIP CODE 21012		1000	S • A •
21203-3146 tal or attending physician. for use as the burial-transit	BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U. FORCES? 1 X YES IF YES, GIVE WAR OR DATE		S DECENDENT OF NISPA es, specify Cuben, Mexic YES 2 NO Spec	en, Puerto Ricar		s. RACE — American Indian, Black, White, etc. Specify: WHITE
attending	TED	15. DECEDENT'S EDUC (Specify only highest grade		Sa. DECEDENT'S USUAL OCCI (Give kind of work done duri		16b. KIN	D OF BUSINESS/INOUS	STRY
~ ~ ~ ~	COMPLETED	Elementery/Secondary (0-12)	College (1-4 or 5+)	MARINE SUF	RVEYOR		MARINE	
LA the de de de de de de de de de de de de de	6 m	17. FATNER'S NAME (First, Middle, Last) CHARLES FRANK	LIN HINES			LE GRO	e, Maiden Surname) .	
retained 5 should	TO B	19e. INFORMANT'S NAME (Type/Print)	*** *******	19b. MAILING ADDRESS (S				
E, E	8	DOROTHY LUCII  20e, METNOD OF DISPOSITION 10 Burlet 2 □ Cremation 3 □ Remi	20b. Pi	825 WATER LACE OF DISPOSITION (Name ther place)	of cemetery, crematory or	• ARNO	20c. LOCATION — Cit	y or Town, State
Page 6 mg		4 Donallon 5 Other (Specify)	2 1 12 H	ILLCREST C	ME AND AGGRESS OF F	ACRITY	ANNAPO	LIS, MD.
S 0 = 0		Jeffry S.	Taylor				HAPEL, AN	NAPOLIS,MD.
24 hours affilled in by ion, or remo	2	23 PART I. Input the diseases, or canock, or neart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	omplications that caused the List drily one cause on each	Cardiae  ONSEQUENCE OF):		ch as cardiac	or respiratory arres	Approximate interval Batwee Onset and Das
4 5 2 - 1			OUE TO (OR AS A CO	ONSEQUENCE OF):	tension			4000
OX Ite be e	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OR AS A CO	ONSEQUENCE OF	(Chara)			12003
th certif	ERTIF	that initiated avents resulting in death) LAST	d	5115E45E116E 51 }				
the d We d Me	CAL	PART II. Other significant condition	s contributing to death but	not resulting in the unde	eriying cause given i		NAS AN AUTOPSY PERFORMED?  YES 2 ELNO	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
L RE law requires been bept. of	N. 7						<u>-</u>	
VITAL HAN: The la	SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 1 NO	HOSPITAL:	OTHER:	26. PLACE OF DEATH (C			
PHYSIC this ce with th	рну	27. MANNER OF DEATH  1. Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF 10 10 10 10 10 10 10 10 10 10 10 10 10	Bc. INJURY AT WORK?  1 YES 2 NO		BE HOW INJURY OCCU	RED
After death		2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — building, etc. (Specify)	Al home, farm, streel, factory			N (Street end Number or wn, State)	Rural Route Number,
E E E E	티리	one)	CIAN: To the best of my knowleds: R: On the basis of examination e					
TO THE HOSPITAL ( TO THE FUNERAL ( De filed within 72 h	BE	29b. SIGNATURE AND TITLE OF CERTIFIES	SKG00		29c. LICENSE NO	MBER 193	29d. DATE	SIGNEO (Morith, Day, Year)  3 Z8/90
E E 2 2	10	30. NAME AND ADDRESS OF PERSON WH Step hen	COMPLETED CAUSE OF DEATH		Rivard	Aura	Di Ma	21401

MAR 30 1990 Julie Savidson-Rondette

DHMH-16 Rev 1/89

.. / 2 / 1

page or sectional administration of special discountries.

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

-663 5-4-90 cm	
FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIF	ICATE C	OF DE	ATH	F	REG. NO.			
. DECEDENT'S NAME (First, Middle,	Last)					2. DATE OF	DAY	,	YEAR	3. TIME OF DEATH
	Phillip S	5. F	Haines			4-10	<b>-</b> 90 <sup>-</sup>		TEAN	1:05AM
SOCIAL SECURITY NUMBER		GE (In yrs. last birthday)	IF UNDER 1 YE	$\rightarrow$	IDER 24 HRS.	7. DATE OF I	v. Year)		Countr	PLACE (State or Foreign
197-3662-44	1 🖺 M 2 🗆 F	40 YRS.	MONTHS OA	NO P	IS MIN.	Sept	. 6,2	L949	Han	ford
e. FACILITY NAME (If not institution,			· ·		ATION OF DE			9c. COUR	NTY OF D	EATH
Good Samarita			Ba:	ltimo	re Cit	У		Balt	imor	e
RESIDENCE OF DECEDEN 0a. STATE 10b. CO		10c. CIT	Y, TOWN OR L	OCATION						10d. INSIDE CITY
Md.	Cecil	91	Mc Cum	minae	ln I	Ricina	Sun			LIMITS? 1 YES 2 NO
Ga. STREET AND NUMBER	CCII	1 2 1	ile Guill	10f. ZIP C	ODE	Tailig	Juil	10g. CITI	ZEN OF Y	VHAT COUNTRY?
9 Mc Cummings	ln.			219	11			11	S.A.	
1. MARITAL STATUS	12. WAS DECEDENT EVI	ER IN U.S. ARMED				IC ORIGIN? (S			14. RACE	- American Indian, c, White, atc.
Never Married 2 Married Widowed 4 N Divorced	IF YES, GIVE WAR O	OR DATES	1 []	YES 2 X	NO Specify	n, Puerto Rice	n, etc.)		Speci	tty:
	Vietnam		<u> </u>							ite
15. DECEDENT'S (Specify only highest	grade completed)	18e. DECEDENT'S (Give kind of a life. Do NOT us	work done durin	PATION og most of w	orking	18b. Kil	NO OF BUS	INESS/INC	USTRY	
Elementary/Secondary (0-12) Unknown	College (1-4 or 5+)		,							
U[IKLIOWI] 7. FATHER'S NAME (First, Middle, Let	Unknown	Building	g Cont:			ME (First, Midd	onsti		on	
	ines					n E.				
9a. INFORMANT'S NAME (Type/Print)		19h MAII ING	ADDRESS (St						Code1	
Miriam Haines			Media						0000)	
pa. METHOD OF DISPOSITION		20b. PLACE OF DISPO				1, 1a.	_	CATION —	City or To	wn, State
Burial 2 Cremation 3 Donation 5 Other (Specify)		New Londo		,		ωm	New			
1. SIGNATURE OF FUNERAL SERVI		NCW LOTIGO	22. NAN	ME AND ADE	DRESS OF FA	CILL.	INEW	1-1-10	1011	ra.
	/ //	//	7	T 100	DAT F	-11 HE	MA /		76	
shock, or heert fel MMEDIATE CAUSE (Finel disease or condition	e. OVERWHELM	in each line.	not enter the	mode of	dying, suc		or reepl	> Z/5	rest,	Approximete Interval Betwee Onset and Dea
shock, or heert fel IMMEDIATE CAUSE (Fine) disease or condition resulting in deeth)  Sequentielly list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	e. OVERWHELM DUE TO (OR LINTRAVASC) DUE TO (OR CONTAMINA'	ING SEPSIS AS A CONSEQUENCE O ULAR COAGU AS A CONSEQUENCE O TED PLATEI	S WITH  OF):  JLATION  OF):  LET TRA	DISSI	EMINAT	ED OMPLI	c or reepl	ratory eri	rest,	Interval Between
23. PART I. Enter the diseases shock, or heart fel shock, or heart	e. OVERWHELM DUE TO (OR LINTRAVASC) DUE TO (OR CONTAMINA'	ING SEPSIS  AS A CONSEQUENCE OF  ULAR COAGU  AS A CONSEQUENCE OF	S WITH  OF):  JLATION  OF):  LET TRA	DISSI	EMINAT	ED OMPLI	c or reepl	ratory eri	rest,	Interval Between
shock, or heert fel IMMEDIATE CAUSE (Fine) disease or condition resulting in deeth)  Sequentielly list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	e. OVERWHELM DUE TO (OR  b. INTRAVASCI DUE TO (OR  C. CONTAMINA' C. DUE TO (OR THROMBOCY' d.	ING SEPSIS AS A CONSEQUENCE O ULAR COAGU AS A CONSEQUENCE O TED PLATEI AS A CONSEQUENCE O TOPENIA OF	S WITH  S WITH  LATION  LET TRA  PIP:  AUTOI	DISSI NSFUS	EMINAT  SION C  E ORIG	Part I. 24	c or reepl	G  AUTOPSY MED?	rest,	Interval Between
shock, or heert fel IMMEDIATE CAUSE (Finel diseese or condition resulting in deeth)  Sequentially list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Diseese or injury thet initieted events resulting in deeth) LAST	e. OVERWHELM DUE TO (OR  b. INTRAVASC! DUE TO (OR CONTAMINA' THROMBOCY' d.  ditions contributing to dee	ING SEPSIS AS A CONSEQUENCE O ULAR COAGU AS A CONSEQUENCE O TED PLATEI AS A CONSEQUENCE O TOPENIA OF	WITH DEP: ULATION DEP: ET TRA DEP: AUTOI	DISSI  ANSFUS  MMUNI	EMINAT  SION C  E ORIG	Part I. 24	CATIN	G  AUTOPSY MED?	rest,	Interval Betwee Onset and Des Onset and Des  WERE AUTOPSY FINDING AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
shock, or heert fel MMEDIATE CAUSE (Fine) disease or condition resulting in deeth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  PART II. Other eignificent con  S. WAS CASE REFERRED TO MEDIC EXAMINER?  1 XXES 2 \( \) NO	e. OVERWHELM DUE TO (OR b. INTRAVASC! DUE TO (OR CONTAMINA' C. ONTAMINA' d. DUE TO (OR THROMBOCY' d. HOSPITAL:	ING SEPSIS AS A CONSEQUENCE O ULAR COAGU AS A CONSEQUENCE O TED PLATEI AS A CONSEQUENCE O TOPENIA OF	WITH  WITH	DISSI  ANSFUS  MMUNI  Trying causes  26. PLACE C. Home 5.0	EMINAT  SION C  E ORIG  Se given in	Part I. 24  SIN 24  SIN 31  Part I. 24  SIN 31	CATIN  A. WAS AN PERFOR	AUTOPSY MED?	241	Interval Betwee Onset and Des Onset and Des  WERE AUTOPSY FINDING AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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shock, or heert fel MMEDIATE CAUSE (Finel Ilseese or condition esuiting in deeth)  Sequentielly list conditions, f eny, leeding to immediate ause. Enter UNDERLYING CAUSE (Disease or injury het initieted events esuiting in deeth) LAST  PART II. Other eignificent con  S. WAS CASE REFERRED TO MEDIC EXAMINER?  1 XXES 2 \( \) NO	e. OVERWHELM DUE TO (OR  b. INTRAVASC DUE TO (OR CONTAMINA' DUE TO (OR THROMBOCY' d.  ditions contributing to dee	ING SEPSIS AS A CONSEQUENCE O ULAR COAGU AS A CONSEQUENCE O TED PLATEL AS A CONSEQUENCE O TOPENIA OF th but not resulting  //Outpatient 3 □ DOA JRY 28b. Till ber)	OTHER: 4   Nursing ME OF JUNY M 1	DISSI  ANSFUS  MMUNI  Trying cause  1 Home 5   C. INJUST A WORK? A WORK? A	EMINAT  SION C  E ORIG  Se given in	Part I. 24  COMPLI(  SIN  Part I. 24  AC  Cother (S  28d. DESCR  SONTAL	CATIN  In. WAS AN PERFOR  Expectly)  IBE HOW II	AUTOPSY MED?	24t	Interval Betwee Onset and Dea
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1 - FOR STATE REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First,	Middle, Last)		ı						2. DATE OF	DEATH			3. TIME OF DEATH	
	Dorothy 4. SOCIAL SECURITY NUMB			8. AGE (In yrs. las	t hirthriau)	IF UNDER	1 VEAD	IF UNDER	94 MDR	03-3	-	) <u> </u>	YEAR	Z:30 am	
	198-32-798	30	1 M 2 V	78	YRS.	MONTHS	DAYS	HOURS	MIN.	03-1	ev: Year)		Country	nsylvania	
1	9a. Fr. ? 'TV NAME (If not in		met and number)			9b. CITY						NTY OF D			
DIRECTOR	Harbor Hos	pital	Center			Ba.	lti	more	h	7.4		Bal	timo	ore :	
EC	10a. STATE	10b. COUNTY			10c. CIT	Y, TOWN (	R LOC	ATION			1,000	10d. INSIDE CITY			
DIR.	MD	Anne	Arundel			ntor								LIMITS?	
	10e. STREET AND NUMBER				10 0.0			of. ZIP CODE	E			10g. CITIZEN OF WHAT COUNTRY?			
E	354 Mt. Ve	rnon	Avenue					2111	3			USA			
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Divo		12. WAS DECEDENT FORCES? 1 [ IF YES, GIVE WA	YES 2 K	MED		If yes, s			IC ORIGIN? (S 1, Puarto Rica			14. RACE Black	- American Indian, White, etc.	
	15. DEC	EDENT'S EDUC	ATION	16n DE	16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF					ND OF BUS	WIECO (IN		MILLE		
COMPLETED	(Specify only Elementary/Secondary (0	y highest grade	College (1-4 or 5 +)	(G	ive kind of v	work done	during m	ost of working	9	100. KII	ND OF BUS	IINESS/INI	DUSTRY		
7	12	1-12)	College (1-4 or 5+)	Hou	Housewife Hou					useh	b lo				
0	17. FATHER'S NAME (First, M.		18. MOTHER'S NAME (First, Middle, M												
BE C	Frank C. K	Cuhn						Mar	v Ne	eusba	11m				
	19a. INFORMANT'S NAME (T	190	b. MAILING	ADDRESS	S (Street			loute Number,		n, State, Zij	Code)				
2	Martin A.	Hamn	ond	3	356	Mt.	Ve	rnon	Ave	0	dent	on.	MD	21113	
	20a. METHOD OF DISPOSITI	ION		20b. PLACE	OF DISPOS	SITION (Ne	me of c	emetery, cren	natory or				City or To		
	4 Donation 5 Other	Park	claw	n Men	nor	ial	Gard	dens	Cha	mbe	rshi	irg, PA			
	21. SIGNATURE OF FUNERAL	7)		22.	NAME /	ND ADDRE	SS OF FAC	HLITY				7			
	1 New		tier							neral					
	23. PART I. Enter the di	seases, or c	omplications that	Cylused tha da	ath. Do r	not antar	tha m	oda of dy	ng, such	S Ro	or respi	ratory ar	nril rest.	Approximata	
	iMMEDIATE CAUSE (Fin disease or condition resulting in death)		Let only one cale.  CVA  DUE TO (C	6 on each line		F):								Interval Between Onset and Death	
CERTIFICATION	Sequentially list conditions and conditions are cause. Enter UNDERLY CAUSE (Disease or injust that initiated events resulting in death) LAS		A CONSEQUENCE OF):  A CONSEQUENCE OF):												
	PART II. Other aignifica	nt condition	contributing to d	leath but not r	esulting	In the ur	ndarivi	on cause o	niven in i	Part I 24	a. WAS AN	ALITOPSY	24h	WERE AUTOPSY FINDINGS	
MEDICAL											PERFOR	MED?		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 700	
N															
S	25. WAS CASE REFERRED TO EXAMINER?	U MEDICAL	HOSPITAL:		_	OTHE	₹:	PLACE OF D							
PHYSICIAN:	1 VES 2 NO  27. MANNER OF DEATH  1 Netural 5	ER/Outpatient 3 NJURY (, Ybar)	28b. TIM		28c. IN	JURY AT ORK?		6 Other (S 28d. DESCR		NJURY OC	CURED				
red BY	2 Accident 3 Suicide 8 4 Homicide	INJURY — At ho	me, ferm, s	street, fac		_	, 110	28f. LOCATIO	ON (Street a fown, State)	ind Numbe	or Rural R	loute Number,			
COMPLETED	onel	ny knowledga, de imination and/or										) and manner as stated.			
BE	29b. SIGNATURE AND TITLE	rta	M.D. I	entern				29c. LICI	ENSE NUM	BER			E SIGNED	(Month, Day, Year)	
2	J. H. Jastei	r 3	001 S, H	an over	Sh	Print)	Mi	no re	m	d. 2	(230	)			
	31. DATE FILE (MOND, Day,	199C	12 REGISTRAR	S SIGNATURE	dell										

3-314	ending p	as the l	
BALTIMORE, MARYLAND 21203-314	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the to filled within 72 hours after death with the State Dept, of Heath and Mental Hygiens prior to burlat, cremation, or removal.	
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MAR	retaine	5 shou	notifie
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VITA	IAN: T	rtificate re State	or Iten
OF	PHYSIC	this ce	rked,
NO	NDING	R: After	is ma
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	IR ATTE	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 1 be flied within 72 hours after death with the State Dept, of Heath and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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1 - FOR STATE REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First	7 -3-11	4	- V	-			MDN		AY	YEAR	3. TIME OF DEATH  2'. YO P M
	4. SOCIAL SECURITY NUM		e Laird	Hed Lur AGE (In yrs. lest		F UNDER 1 YEAR	IF UNDER 24 H		3-30-0	9.0	a BIOTH	PLACE (State or Foreign
			1 D M 2 D			ONTHS DAYS		IN. (Mor	nth, Day, Year)		Country	1)
	258-32-1		1	74	1000	h CITY TOWN	OR LOCATION (		-14-2	5 COUNT	Gec	orgia —
LOB		Hospi	tal	( F 1 . 5		-	imore			Balt		
FUNERAL DIRECTOR	10e. STATE MD	10b. COUNTY	e Arunde	el	10c. CITY, Gar	nbril	ATION LS					10d. INSIDE CITY LIMITS? 1 YES 2 NO
AL	10a. STREET AND NUMBER					1	01. ZIP CODE			10g. CITIZ	EN OF W	THAT COUNTRY?
띮	2409 Sun	shine	Way				21054				US	A
B≺	11. MARITAL STATUS 1 Never Married 2 2 3 Widowed 4 Div		12. WAS DECEDENT E FORCES? 1 TO IF YES, GIVE WAR	YES 2 N	MED O	If yes,	ECENDENT OF H specify Cuban, M S 2 🙀 NO S	exican, Puerto		or No—	14. RACE Black Specif	, White, atc. White White
		CEDENT'S EDU		(GA	re kind of wor	K done during	TION nost of working	- 10	Bb. KIND OF BU	SINESS/IND	USTRY	
COMPLETED	Elementary/Secondary (	(0-12)	College (1-4 or 5 +)	110.	Do NOT use i	etired.)						
N N	12		4	Red	J. NI	ırse			Medi			
	17. FATHER'S NAME (First, I		. Laird						, Middle, Maiden Robert			
) BE	19a. INFORMANT'S NAME (			19b	MAILING A	DDRESS (Street	t and Number or i				Code)	
2	Susan Eh	rlich			2409	Suns	nine W	ay, C	Sambri	lls,	MD	21054
	20a, METHOD OF DISPOSIT		oval from State	20b. PLACE (	OF DISPOSIT	ION (Name of	emetery, cremator	y or		CATION —		
	4 Donation 6 Dothe	r (Specify)	/	Mar	yland		erans		С	rown	svi	lle,MD
	21. SIGNATURE OF FUNER	AL SERVICE LIC	CENSEE / / /	,	22. NAME AND ADDRESS OF FACILITY Hardesty Funeral Home P.A.							
	Date	11	With				_					lls, MD
CERTIFICATION	IMMEDIATE CAUSE (Fidisease or condition resulting in death)  Sequentielly list condition and if any, leeding to immediate. CAUSE (Disease or in that initiated events resulting in death) LA:	R AS A CONSECURA A CONSECURA A CONS	DUENCE OF):	ELGNI	MA.		100			Interval Between Onset and Death 7 Movirify		
MEDICAL	PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I.  SIP CARDIAC ARREST  24a. WAS AN AUTOPSY PERFORMED?  1   YES 2   NO OF									WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED EXAMINER?	TO MEDICAL	HOSPITAL:		1	26. OTHER:	PLACE OF DEAT	H (Check only	one)			
YSI	1 TYES 2 NO		1 Inpatient 2 E		□ DOA 4	Nursing H	ome 6 - Rasid					
ВУ РН	27. MANNER OF DEATH  1 Netural 5 2 Accident	Pending Investigation	26e, DATE OF IN (Month, Day,		26b. TIME INJUI	TY Y	NJURY AT WORK? YES 2 N	11-410	EŞCRIBE HOW	INJURY OCC	CURED	
	2 Accident investigation 3 Suicide 6 Could not be determined  28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify)  28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)											
COMPLETED	29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.  2 MEDICAL EXAMINER: On the beale of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and menner as stated.											
BE	290. LICENSE NUMBER  290. LICENSE NUMBER  290. DATE SIGNED (Moght, Day, Year)  3/30/90											
10	HAME AND ADDRESS OF		RICHARD	son M	1 G	rine) (1 S.	CHARL	Rs s	T, 30	1270	. M	P 21230
	31. DATE FILEDYAPPE DO	199	O Juna Davy	S SIGNATOR	delle							



DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be mand by	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page that with the State Dark of Health and Mantal Horliere prior to build. Compasion, or removal	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be nominal at vice
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	FOR 1 STATE	STATE OF MARYLA				MENTAL HYGIE	NE .	90 11120		
,	REGISTRAR  1. DECEDENT'S NAME (First, Middle, Last)		WELL OWELE	ICATE OF	DEATH	REG. N  2. DATE OF DEATH MONTH		S. TIME OF DEATH		
	E27 10 2200		yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH	7 1896			
TOR	99. FACILITY NAME (If not inetitution, give etree Glasgow Nursing RESIDENCE OF DECEDENT			111111111111111111111111111111111111111	ridge	ATH	DCITC	hester		
DIRECTOR	MD. 106. COUNTY DC rc	hester	10c. CIT	y, town on Loca Cambrid	ge 		10d. INSIDE LIMITS?			
FUNERAL	10e. STREET AND NUMBER 311 Glenbur				2161		U	N OF WHAT COUNTRY?		
BY FU	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	2. WAS DECEDENT EVER IN I FORCES? 1 TYES IF YES, GIVE WAR OR DAT	XXNO	If yes, s		NC ORIGIN? (Specify n, Puerto Rican, etc.)	fea or No 14	RACE — American Indien, Black, Whita, etc. Specify: White		
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade core Elementary/Secondary (0-12)	rion mpleted) College (1-4 or 5+)	(Give kind of life. Do NOT u	work done during me netred.)	ON ost of working	16b. KIND OF I	USINESS/INDUS	TRY		
BE CON		Simmons				ME (First, Middle, Mald Flore	ence	Wilson		
*	O.D. Howell		3	Kiowa	Road, C	ambridge	e Md.	21613		
	20e, METHOD OF DISPOSITION  1	ol from State	metery, cremetory or matory		LOCATION — CH 3 1 i s b u	y or Town, State  LY MD.				
	21. SIGNATURE OF FUNERAL SERVICE LICEN  RESERVICE LICEN		}		AS FUNE	CILITY  RAL HOM		Locust St.		
	23. PART I. Enter the diseases, or cor abook, or heart failure. Lis IMMEDIATE CAUSE (Final disease or condition resulting in death)	at only one cause on an	ch Ilna.	not anter the m		h aa cardiac or re	apiretory arrea	Approximeta Interval Batween Onset and Death		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A	CONSEQUENCE C	PF):						
PHYSICIAN: MEDICAL CI	PART II. Other aignificant conditions	contributing to death bu	it not reaulting	In the underlyle	ng cause given in	PERI	AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDINGS AMPLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO		
SICIAN		HOSPITAL:	atlent 3 DOA	OTHER:	PLACE OF DEATH (Ch			1		
ву РНУ	27. MANNER OF DEATH  1 [X] Neturel 8 Dending 2 Accident investigation	28a. DATE OF INJURY (Month, Day, Year)		M 1	JURY AT ORK? YES 2 NO	28d. DESCRIBE HO				
	3 Suicide 8 Could not be 4 Homicide detarmined	28s. PLACE OF INJURY building, atc. (Speci	lfy)			City or Town, St	ste)	Rural Route Number,		
COMPLETED	one) 2 MEDICAL EXAMINER:	AN: To the best of my knowle On the basis of examination			death occured at the	time, date and place		I. cause(a) end manner ee stated.		
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER  30. NAME AND ADDRESS OF ERSON WHO	n			D31	MBER 18	29d. DATE	BIONED (Winth, Day, Year)		

32. REGISTRAR'S SIGNATURE
Julia Davidson-Randall

MPR 02 '90

0.00000

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### STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	REGISTRAR		CERTIF	ICALE	OF	DEATH	R	EG. NO.		_	
į	1. DECEDENT'S NAME (First, Middle, Lest) Ora Victor Ha	anghew					2. DATE OF D MONTH March	27+DA	3 199	KEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER		ACE (In the best of the								1620 p
	214-10-1740	S. SEX 6.	AGE (In yrs. lest birthdey) 79 YRS.	MONTHS	DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF B (Month, Pa) OCt • 2.	3,191	10	Mary	IPLACE (State or Foreign Yland
	9a. FACILITY NAME (If not institution, give			96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF D							
DIRECTOR	Frederick Memor	ial Hospit	al	Frederick Fred					rede	erick	
EC	10a. STATE 10b. COUNT	Υ	10c. Cf	TY, TOWN O	R LOCAT	ION					10d. INSIDE CITY
듬	Maryland Fre	ederick		Frede	ric	ζ.			LIMITS?		
	10e. STREET AND NUMBER			101. ZIP CODE					10g. CITIZ	EN OF	WHAT COUNTRY?
띮	8501 Edgewood C	Church Road		21701						U.S	.A.
FUNERAL	11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDENT E FORCES? 1	VER IN U.S. ARMED YES 2 NO			ENDENT OF HISPAN			or No—	14. RACI Blec	E — American Indian, k, White, atc.
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR				2 Specify				Spec	"" White
	15. DECEDENT'S EDU (Specify only highest grade	JCATION	16a. DECEDENT	S USUAL OC	CUPATIO	IN at unation	16b. KIN	D OF BUS	INESS/IND	USTRY	
ᆸ	Elementary/Secondary (0-12)	College (1-4 or 5+)		work done duse retired.)		st or working		Dome	-la D-		
COMPLETED	7		Macri					sh Fa	Cto.	гу	
8	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA		a, Maiden S	Surname)		
帮	Charles F  19a, INFORMANT'S NAME (Type/Print)	Henry H	anshew	C ADDRESS	(Ptroot o	Rena		Man and Tanana	Ctoto 7/o		over
₽	Mrs. Irene L. S	Stauffer									MD. 21701
	20e. METHOD OF DISPOSITION		20b. PLACE OF DISPO				noau,		CATION —		
	15☐xBuriel 2 ☐ Cremetion 3 ☐ Ren 4 ☐ Donation 5 ☐ Other (Specify)	noval from State		ther place)					Frederick, Maryland		
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE		22. NAME AND ADDRESS OF FACILITY							*
	Kirth horan	Kohener	V M00706	Keeney & Basford PA Funeral 100706 106 East Church St., Frede						Home	e MD 21701
	23. PART L Enter the diseases, or	complications that c	sused the death. Do								Approximate
	ahock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. UM	allar.	W	1	est					Interval Between Onset and Death
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b DUE TO (OI	AS A CONSEQUENCE	A CONSEQUENCE OF):					+ Diser 5		
EDICAL (	PART II. Other significant condition	na contributing to de	ath but not resulting	in the un	derlying	g ceuse given in		PERFOR	MED?	24	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Σ							_   `				1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				ACE OF DEATH (Ch	eck only one)				
ĬŽ	1 TES 2 NO	1 Inpatient 2 □ E	R/Outpetient 3 🗆 DOA	_		e 5 🗆 Residence	6 Other (Sp	recity)			
F	27. MANNER OF DEATH  15. Natural 5 Pending	28a. DATE OF IN. (Month, Day,		ME OF		RK?	28d. DEŞCRI	BE HOW I	NJURY OCC	CURED	
à	2 Accident Investigation	28e. PLACE OF I	NJURY — At home, farm	street facts		YES 2 NO	281 LOCATIO	M /Street s	and Number	or Rumi	Route Number,
밀	3 Suicide 6 Could not be 4 Homicide determined	building, ato		,	ory, orne.	•	City or To	wn, State)	and Number	Or Florer	House Normon,
COMPLET		SICIAN: To the best of m									a) and manner as stated.
ш Ы	295. SIGNATURE AND TITLE ON CERTIFIE	ER	1.10			29c. LICENSE NUI	MBER	. , 1	29d. DAT	E SIGNE	D (Month, Day, Year)
00 4	meller	1 The	Ley a	フ		mo 6	10171	′ /			28, 1990
임	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE	OF DEATH (ITEM 27) (Ty)	oe, Print)							
	Timothy J. Hick			Avenu	ue,	Frederic	k, Mar	ylan	d 21	701	
	31. DATE-FILED (Month, Day, Year)	32. REGISTRAR'S	SIGNATURE								

hospital or attending physician.

BALTIMORE HA

ND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 in TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director be filed within 72 hours after death with the State Dept. of Health and Mental Hygiethe prior to burist, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatte event, the medical examiner must

DHMH-16 Rev 1/89

BALTIMORE: MARYLAND 21203-3146	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direct.
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	w requires that the do	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
VITAL	IAN: The la	tificate has le State Dep
OF	PHYSIC	this cer with th
NOISIAIC	OR ATTENDING	DIRECTOR: After hours after death

Pages 1, 2, 3 should

FOR STATE REGISTRAR

4. SOCIAL SECURITY NUMBER 214-74-5386

Maryland

RESIDENCE OF DECEDENT

Steven J. Brano

MAR 29 1990

1. DECEDENT'S NAME (First, Middle, Last)

9e. FACILITY NAME (If not institution, give street and number)

Frederick Memorial Hospital

10b. COUNTY

1

DIRECTOR permit. FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 225 East Third Street 2 ir use as the burial-transit 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO or attending physician. 11. MARITAL STATUS 13. WAS DECENDENT OF FORCES? 1 YES 2 If yea, specify Cubs 1 Never Merried 2 Merried BY 3 Widowed 4 Divorced ETED 18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade comp during most of working Elemantary/Secondary (0-12) College (1-4 or 5+) Homemaker COMPL 11 17. FATHER'S NAME (First, Middle, Last) **18. MOTH** William D. N. Zimmerman St BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number 2 W. Nelson Hoffman 4824 Teen Barns R 29a METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, cremit Buriel 2 Cremetion 3 Removal from State Mount Olivet Cemetery Ē 4 Donation 5 Other (Specify) 21. SIGNATURE OF POPERAL SERVICE LICENSEE 22. NAME AND ADDRESS examiner rela M00021 106 East medical 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying ahock, or haert fellure. Liet only ona cause on each line. IMMEDIATE CAUSE (Finel the DUE TO (O) AS A CONSEQUENCE ON) Respiratory disease or condition resulting in death) event, foroted ex (O1 injury, or other traumatic PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditione, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediata cause. Entar UNDERLYING CAUSE (Disease or injury that initiated evants DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART ii. Other significent conditions contributing to death but not resulting in the underlying cause gi Debilitated shows any 23 25. WAS CASE REFERRED TO MEDICAL 26, PLACE OF DE TO THE FUNERAL DIRECTOR: After this certificate his be filed within 72 hours after death with the State DIMPORTANT; If item 28 is marked, or item EXAMINER? HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: OR ATTENDING PHYSICIAN: 28e. DATE OF INJURY (Month, Day, Year) 3 15 90 27, MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 1 Netural 1 YES 2 2 ВУ Investigation 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 6 Could not be COMPLETED 4 Homicide 29e, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, HOSPITAL 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurr 29b. SIGNATURE AND TUTLE OF CERTIFIER 29c. LICE THE BE 2 2 3 2 OMPLETEO CAUSE OF DEATH (ITEM 27) (Type, Print)

Davidson

1 M 2 4 F

Frederick

SEX   S. AGE (In yrs. last birthday)   F UNDER 1 YEAR   F UNDER 24 HRS.   7. DATE OF BIRTH   1902   Company   1902   Company   1902   Company   1902   Company   1902   Company   1902   Company   1902   Company   1902   Company   1902   Company   1903   Company	¥	11.		1				2. OAT	REG. NO	AY	YEAR	3. TIME OF OEATH
Mar 2 Mar   S7   Visc.   S07	SA					la residen		ق		/	90	0145 M
Frederick  Proderick  10. 2P CODE  10. 2P CODE  10. 2P CODE  21.701  10. S.A.  10. SEE 2   NO	Min and									1902	B. BIRT	aryland
PORT OF THE VERY NUS. ANMED OF SUPPOSE 10. 23P CODE 21701		1.					ION OF DI	EATH			_	
WAS DECEDENT EVER IN U.S. AAMED TORSON TO HIS PANC ORIGIN? (Specify Yes or No- TONCES? 1   YES 2   ZMO TY YES 2	rick					TION						JUMITS?
If yes, specific, cuben, Medican, Puerto Ricen, etc.)   Black, White, etc.	eet				10			1.		10g. CIT		
Comparison   Com	FORCES? 1	YES 2 X	RMED NO		If yea, ap	ecify Cut	an, Mexica	n, Puerte		or No—	14. RAC Blac	E — American Indien, ck, White, etc.
Stella M. Hoffmaster   19b. MAILING ADDRESS (Sines and Number or Rural Route Number, City or Rown, Stale, Zip Code)   1821 Teen Barns Rd., Frederick, Md. 21701   20b. PLACE OF DISPOSITION (Name of cametar), common company, common c	leted)	IH6	live kind of a p. Do NOT us	work done se retired.)	CCUPATION OF THE COURT OF THE C	ON ost of work	sing	10			DUSTRY	
196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  1,821 Teen Barns Rd., Frederick, Md. 21701  206. PLACE OF DISPOSITION (Name of camelory, comentary or Mounts) Oil vet Cemetery  206. LOCATION — City or Town, State  Frederick, Md. 21701  21. AMAE AND ADDRESS OF FACILITY (Neeney and Basford Funeral Home 106 East Church Street, Frederick, Md. 21701  22. MAME AND ADDRESS OF FACILITY (Neeney and Basford Funeral Home 106 East Church Street, Frederick, Md. 2 Placetions that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory errest, onset and Deat Inches only one cause on each line.  Respiratory of As a Conscouence of:  DUE TO (OR AS A CONSCOUENCE OF):  DUE TO (OR AS A CONSCOUENCE OF):  DUE TO (OR AS A CONSCOUENCE OF):  DUE TO (OR AS A CONSCOUENCE OF):  DUE TO (OR AS A CONSCOUENCE OF):  26. PLACE OF DEATH (Chock only one)  27. PLACE OF DEATH (Chock only one)  28. DATE OF INJURY (North Ope, Year)  1 YES 2 (1/400)  28. DATE OF INJURY AT (NORTH)  1 YES 2 (1/400)  28. DATE OF INJURY AT (NORTH)  28. DATE OF	nerman									,	r	
20b. PLACE OF DISPOSITION (Name of commency or Mount's Clive to Cemetery   20c. LOCATION — City or Town, State   Frederick, Md. 21701						and Numb	er or Rurai	Route Nu	mber, City or Tow	rn, State, Zij	p Code)	701
22. NAME AND ADDRESS OF FACILITY Reeney and Bast ord Funeral Home 106 East Church Street, Frederick, Md. 2  Dilections that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, approximate interval Between Onest and Daat  DUE TO (or As A consequence of):  DUE TO (or As A consequence of):  DUE TO (or As A consequence of):  DUE TO (or As A consequence of):  DUE TO (or As A consequence of):  DUE TO (or As A consequence of):  DUE TO (or As A consequence of):  DUE TO (or As A consequence of):  DUE TO (or As A consequence of):  DUE TO (or As A consequence of):  DUE TO (or As A consequence of):  DUE TO (or As A consequence of):  DUE TO (or As A consequence of):  DUE TO (or As A consequence of):  DUE TO (or As A consequence of):  DUE TO (or As A consequence of):  28. PLACE OF DEATH (Check only one)  28. PLACE OF INJURY AT (April):  DUE TO (or As A consequence of):  28. PLACE OF INJURY AT (April):  DUE TO (or As A consequence of):  DUE TO (or As A consequence of):  28. PLACE OF INJURY AT (April):  DUE TO (or As A consequence of):  DUE TO (or As A consequence of):  28. PLACE OF INJURY AT (April):  DUE TO (or As A consequence of):  28. PLACE OF INJURY AT (April):  DUE TO (or As A consequence of):  DUE TO (or As A conseq	from State	20b. PLACE Other P Moun	OF DISPO	SITION (N	ame of ce	metery, cn	matory or		20c. LC	CATION -	City or 1	Town, State
Only one cause on each line.  Respirative Faulus   Due to (of as a consequence of);  Perforated   Due to (or as a consequence of);  Due to (or	C. Ba	ford	,	22.	Kee:	no ador	ess of FA		ord Fu	nera	L Ho	me
DUE TO (OR AS A CONSEQUENCE OF):  DUE TO		on each lin	tory	not enter	the mo	luv	ying, suc	h ae ce	ordiac or reep	iratory er	rest,	Approximate Interval Between Onset and Death
AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH (Check only one)  24a. WAS AN AUTOPSY PRIDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 VES 2 DNO  25. PLACE OF DEATH (Check only one)  26. PLACE OF DEATH (Check only one)  27. THER:  1 VES 2 DNO  28. PLACE OF INJURY  28. DATE OF INJURY  28. INJURY AT WORK?  3 DOA  1 VES 2 NO  28. DATE OF INJURY — At home, farm, street, factory, office  28. DATE OF INJURY — At home, farm, street, factory, office  28. DATE OF INJURY — At home, farm, street, factory, office  28. DATE OF INJURY — At home, farm, street, factory, office  28. DATE OF INJURY — At home, farm, street, factory, office  28. DATE OF INJURY — At home, farm, street, factory, office  28. DATE OF INJURY — At home, farm, street, factory, office  28. DATE OF INJURY — At home, farm, street, factory, office  28. DATE OF INJURY — At home, farm, street, factory, office  28. DATE OF INJURY — At home, farm, street, factory, office  28. DATE OF INJURY — At home, farm, street, factory, office  28. DATE OF INJURY — At home, farm, street, factory, office  29. LICENSE NUMBER  29. DATE SIGNEO (Marith, Day, Year)  3 29 9 0  MPLETEO CAUSE OF DEATH (ITEM 27) (Type, Print)	Perfo	rateo	LU	1	<i></i>							14 Days
26. PLACE OF DEATH (Check only one)  26. PLACE OF DEATH (Check only one)  27. PLACE OF DEATH (Check only one)  28. PLACE OF DEATH (Check only one)  28. DATE OF INJURY (Mprith, Dey, Pear)  28. DATE OF INJURY (Mprith, Dey, Pear)  28. DATE OF INJURY (Mprith, Dey, Pear)  28. DATE OF INJURY (Mprith, Dey, Pear)  28. DATE OF INJURY (Mprith, Dey, Pear)  28. DATE OF INJURY (Mprith, Dey, Pear)  28. DATE OF INJURY (Mprith, Dey, Pear)  28. DATE OF INJURY (Mprith, Dey, Pear)  28. DATE OF INJURY (Mprith, Dey, Pear)  28. DATE OF INJURY (Mprith, Dey, Pear)  28. DATE OF INJURY (Mprith, Dey, Pear)  28. DATE OF INJURY (Mprith, Dey, Pear)  28. DATE OF INJURY (Mprith, Dey, Pear)  28. DATE OF DEATH (ITEM 27) (Type, Print)  AMAILABLE PRIOR TO COMPLETION TO COMPLETION OF CAUSE OF DEATH (ITEM 27) (Type, Print)	DUE TO (OI	R AS A CONSE	OUENCE O	F):								
OTHER: Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)  28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY M 28b. INJURY AT WORK? 3 5 9 No 28c. INJURY At home, farm, street, factory, office 28c. INJURY AT WORK? 1 YES 2 NO 28c. INJURY At home, farm, street, factory, office 28c. LOCATION (Street end Number or Rural Route Number, City or Town, State)  1: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner as stated.  1: To the bests of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the ceuse(e) and manner es stated.  29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year)  3 2 9 9 0  IMPLETEO CAUSE OF DEATH (ITEM 27) (Type, Print)	1	ath but not	resulting	in tha u	nderlyin	g cause	given in	Part I.	PERFO	RMED?	24	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
28c. INJURY AT WORK?  28c. INJURY AT WORK?  28c. INJURY AT WORK?  3	OSFITAL:			ОТНЕ	_	LACE OF	DEATH (C/	neck only	one)			
28e. PLACE OF INJURY — At home, farm, street, factory, office  28f. LOCATION (Street and Number or Rural Route Number, City or Yown, State)  28f. LOCATION (Street and Number or Rural Route Number, City or Yown, State)  28f. LOCATION (Street and Number or Rural Route Number, City or Yown, State)  28f. LOCATION (Street and Number or Rural Route Number, City or Yown, State)  28f. LOCATION (Street and Number or Rural Route Number, City or Yown, State)  28f. LOCATION (Street and Number or Rural Route Number, City or Yown, State)  28f. LOCATION (Street and Number or Rural Route Number, City or Yown, State)  28f. LOCATION (Street and Number or Rural Route Number, City or Yown, State)  28f. LOCATION (Street and Number or Rural Route Number, City or Yown, State)  28f. LOCATION (Street and Number or Rural Route Number, City or Yown, State)	Inpatient 2 - E		1	4 🗆 Nu	rsing Hor		Residence		11. 71	INJURY O	CURFO	
City or Town, State)  City or Town, State)  To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) and manner as stated.  In the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) and manner ee stated.  29c. LICENSE NUMBER  29d. DATE SIGNEO (Month, Day, Year)  32990  MPLETEO CAUSE OF DEATH (ITEM 27) (Type, Print)	(Month, Day,	90	IN.	JURY	1 🗆	YES 2	<b>₽</b> NO					Court Market
the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the ceuse(e) and manner ee stated.  29c. LICENSE NUMBER  29d. DATE SIGNEO (Month, Day, Year)  32999  MPLETEO CAUSE OF DEATH (ITEM 27) (Type, Print)	building, etc	. (Specify)	one, mm,	ocrest, 180	.tory, offic						w or Munit	FOUCE NUMBER,
MD 3/29/90  MPLETEO CAUSE OF DEATH (ITEM 27) (Type, Print)												(e) and manner ee stated.
	MD					29c. Li	CENSE NU	MBER		29d. DA	TE SIGNE	(Marith, Day, Year)
ND TIS TOTAL HOLE AVE TOOS TYERREVICE, MD 21701	0 010	OF DEATH (IT	EM 27) (Type		Λ	#2.	23	5.	1 1	MAR	, ,	

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MARY AND 21203-3146

BALTIMORE,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nous after death. Page 6 man TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, pue filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must in

	1 - STATE REGISTRAR	STATE OF MARYI		MENT OF H			GIENE G. NO.		
	1. OECEDENT'S NAME (First, Middle, Last,					2. DATE OF OE	ATH	3. TIME OF OEATH	
	William	Oliver	HOOD			March	25, 1990	4:00 a M	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BU	ETH 1	BIRTHPLACE (State or Foreign	
	213-18-8770  9a. FACILITY NAME (If not institution, give	1XXM 2 □ F	72 vas.	MONTHS DAYS	HOURS MIN.	Jan 13		Maryland	
Œ	817A North Mark		- 1	Frede		EATH		ederick	
DIRECTOR	RESIDENCE OF DECEDENT	et Street		TIECE	IICA		111	edel ICA	
l H	10a. STATE 10b. COUN	TY	10c. CITY	TOWN OR LOCA	TION			10d. INSIDE CITY LIMITS?	
	Maryland Fre	derick	E	rederic	k			1 X YES 2 NO	
3AL	10e. STREET AND NUMBER			10	. ZIP COOE		10g. CITIZ	EN OF WHAT COUNTRY?	
FUNERAL	817A North Mark				21701			U.S.A.	
5	11. MARITAL STATUS  1 Never Married 25 Married	12. WAS DECEDENT EVER FORCES? 12 YES	2 NO		ENDENT OF HISPAN			14. RACE — American Indian, Black, White, atc.	
BY	3 Widowed 4 Divorced	4/30/41 - 1		1 TYES	2 XXIO Specifi	y:		Specify: White	
	15. DECEDENT'S ED	UCATION	18a. DECEDENT'S	ISUAL OCCUPATION	ON	16b. KIND	OF BUSINESS/INDU	STRY	
	(Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of w life, Do NOT use	ork done during mo retired.)	st of working				
P.	12		Farmer			A	gricultu	re	
BECOMPLETED	17. FATHER'S NAME (First, Middle, Lest)				18. MOTHER'S NA				
T	Howard Ha	milton Ho	ood		Goldi	e		Harry	
-	19a. INFORMANT'S NAME (Type/Print)						y or Town, State, Zip (		
E-	Mrs. V. Lucille					eet, Fr	ederick,	Maryland 21701	
	20a, METHOO OF DISPOSITION 1 N Burial 2 Cremation 3 Res	moval from State	other place)				20c. LOCATION — C		
	4 Donation 5 Other (Specify)  21. SIGNATURE OF FUHERAL SERVICE L	locuted.	Mount O		vet Cemetery Frederick, Maryla				
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSED!	Keeney & Basford PA Funeral Home						
	feith from	Kobern	M00706					derick, Md. 21701	
	23. PART I. Enter the diagesee, or shock, or heart fellure	complications that cause. List only one cause on	ed the death. Do no	ot entar tha mo	da Df dylng, suc	h aa cardlec D	r reapiretory arre	st, Approximeta	
	IMMEDIATE CAUSE (Final		100000000					Onset and Death	
	disease or condition resulting in death)	4.	~810 C		, _~	000140			
		DUE TO (OR AS	A CONSEQUENCE OF	):					
NO O	Sequentially list conditions,	b	A CONSEQUENCE OF	١.					
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING			,,					
FIC	CAUSE (Diseese or Injury that initiated events	c. DUE TO (OR AS	A CONSEQUENCE OF	):					
F	resulting in death) LAST	d.							
	2022 11 201 - 1 - 111 - 111								
Ä	PART II. Other significant condition	one contributing to death	but not resulting in	n the underlyin	g cause given in		WAS AN AUTOPSY PERFORMEO?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
Ď						10	YES 2X NO	OF DEATH?	
X								1 YES 2 NO	
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL				105 05 05 15 15 15				
i i	EXAMINER?  1 YES 2X NO	HOSPITAL:		OTHER:	LACE OF OEATH (Ch				
Η×	27. MANNER OF CEATH	1 ☐ Inpetient 2 ☐ ER/Ou  28a, DATE OF INJURY			IURY AT		elfy) E HOW INJURY OCCI	URED	
	1 Natural 5 Pending	(Month, Day, Year)	INJU	JRY WO	YES 2 NO				
ВУ	2 Accident Investigation 3 Suicide 6 Could not be	28a, PLACE OF INJUR	TY — At home, farm, st					or Rural Route Number,	
COMPLETED	4 Homicide detarmined	building, etc. (Sp	ecify)			City or Tow	n, State)		
E	29a. CERTIFIER 1 CERTIFYING PHY	SICIAN: To the best of my kno	wiedos, deeth occurre	d at the time, date	and place, and due	to the councie)	and manner as state	1	
M	one)							cause(a) and manner as stated.	
	29b, SIGNATURE AND TITLE OF CERTIF	en			29c. LICENSE NU	MBER	29d, DATE	SIGNED (Month, Day, Year)	
BE	33	Cho	- Jan		D14626			rch 26, 1990	
2	30. NAME AND ADDRESS OF PERSON W			Print)	32.020		. 200	,	
	P. Gregory Raus	ch, M.D., 50	1 West Se	venth St	reet, Fr	rederick	c, Maryla	nd 21701	
	MAR 2 6 1990	guia	-Managas						

3. TIME OF OEATH

10d. INSIDE CITY 1 YES 2 K NO

Approximate Interval Between **Onset end Deeth** 

24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

1 TES 2 NO

6 MONTA

10g. CITIZEN OF WHAT COUNTRY? U.S.A. 14. RACE — American Indian Black, White, atc.

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1 - FOR STATE REGISTRAR

1. DECEDENT'B NAME (First, Middle, Last)

4. SOCIAL SECURITY NUMBER

213-38-9200

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5. SEX

OR	9a. FACILITY NAME (If not institute 1937. BLD T	AN EXTOWN	ROA	96, CITY		OR LOCATION OF DE		9c. COUN	4 PS	201
DIRECTOR	10a. STATE 10b.	COUNTY		10c. CITY, TOWN					100	d. INSIDE CIT LIMITS?
100.00	Maryland	Carrol1		Westmi	-					YES 2 K
FÜNERAL	10s. STREET AND NUMBER				10	r. ZIP CODE		10g. CITIZ		T COUNTRY?
N		<u>Caneytown Rd.</u>					157		U.S.	
BY FU	11. MARITAL STATUS  1 A Never Married 2 Marri 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 2 IF YES, GIVE WAI	YES 2 R OR DATES	NO	If you, s	CENDENT OF HISPAN pecify Cuben, Mexicar S 2 NO Specify.	, Puerto Rica		Black, W Specify:	American incoming the street in the street i
ED	15. DECEDEN (Specify only high	T'S EDUCATION est grade completed)		ECEDENT'S USUAL C			16b. KI	NO OF BUSINESS/INDL		
1	Elementary/Secondary (0-12)	College (1-4 or 5+)	- 1/6	disabled					_	
g	FATHER'S NAME (First, Middle,	Last)				18. MOTHER'S NAI	AE (First, Midd	de, Meiden Surname)		
턍	Earl R. Haley	7				Haze	l Flic	ckinger		
1	INFORMANT'S NAME (Type/P)	rint)	19	b. MAILING ADDRES	S (Street	and Number or Flural F	loute Number,	City or Town, State, Zip	Code)	
٩	Earl R. Haley			1937 Old	Tane	eytown Rd	. We	estminster	, MD	21157
	20a. METHOD OF DISPOSITION 1 ☑ Burlai 2 ☐ Cremation 3	☐ Removal from State	20b. PLACE other p	OF OISPOSITION (N	ome of as	metery, crematory or		20c. LOCATION — C	ity or Town,	Btate
	4 Donation 5 Other (Spec	olfy)	Ever	green Mem	oria	al Garden	S	Finksbur	g, MI	)
	21. SIGNATURE OF FUNERAL SET	RVICE LICENSEE	10	/ 22	NAME A	INO ADDRESS OF FAC	D.I	D. Hartzle	r & S	ons
	23. PART I. Enter the disease	re U. Tra	2500			Windsor,				
1	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING	DUE TO (	CESTON OR AS A CONSE	EQUENCE OF):	EI	ARDIA	FAI L I	LVNE DISEA	sE	b A
	CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	d	OR AS A CONSE	OUENCE OF):						
	PART II. Other aignificent co	onditiona contributing to c	death but not	reaulting in the u	nderlyii	ng cause given in		PERFORMED?	AV CC OF	ERE AUTOPSY MILABLE PRIC OMPLETION OF F DEATH?
SICIAN	25. WAS CASE REFERRED TO ME EXAMINER?	HOSPITAL:				PLACE OF DEATH (Che	ock only one)			-
7	1 VES 2 □ NO	1   Inpatient 2	ER/Outpatient	3 DOA 4 Nu		me 5 Residence	6 🗆 Other (S	Specify)		
ם רחז	27. MANNER OF DEATH  1 Natural 5 Pend 2 Accident Inves	26e. DATE OF I (Month, Day	INJURY ny, Year)	26b. TIME OF INJURY M	W	JURY AT PORK? YES 2 NO	28d. DESCF	RIBE HOW INJURY OCC	URED	
2	3 Suicide 8 Coul	d not be building, a building, a	FINJURY — At hate. (Specify)	ome, farm, street, fac	tory, off	Ce		ON (Street and Number Town, State)	or Rural Rout	le Number,
COMPLET		NG PHYSICIAN: To the best of m								nd manner a
BE	296. SIGNATURE AND TETLE OF	Hele	ile			DILL DILL	196	29d, DATE	AL STATE	190 L
5	DANIEL	L WELL	E OF DEATH (IT	EM 27) (Type, Print)  N. M.D.	-	102 WI	95f1	ne ton	ng	AN
	31. DATE FILED (Month, Day, Year)		7 7 7 7 7 7	on-Randall		The state of the		11-1-	$-\nu$	The state of the s

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

DAYS

/ Haley

2. DATE OF OEATH

7. OATE OF BIRTH (Month, Day, Year

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	iding physician and	Hygiene prior to burial, cremation, or r	
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BALTIMORE, MARY AND 21203-3146 urs after death. Page 6 may be miss after death. Page 6 may be miss after death. TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 TO THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely i be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, crematic IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

STATE	0F	MARYLAND	/ DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIENE
		C	ERTIFICATE	O	F DEAT	TH		REG. NO.

	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTMEN	T OF HEALTH AND							
	1. DECEDENT'S NAME (First, Middle, Last)		2. DATE OF DEATH 3. TIME OF DEATH								
,	EDITH LORN	E HELTON				9:00 PM M					
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In		ER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRT	HPLACE (State or Foreign				
	229-32-6846	1 □ M 2 🔀 F 78	YRS. MONTH	DAYS HOURS MIH.	Dec. 22,1	911 V	Ĺrginia				
	9a. FACILITY NAME (If not institution, give s		9b. CI	TY, TOWN OR LOCATION OF D	EATH						
OR	Fallston General	Hospital		Fallston		Hari	cord				
EG	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNT	Y	10c. CITY, TOWI	OR LOCATION			10d. INSIDE CITY				
DIRECTOR	Maryland Harf	ord	Stree	t			1 YES 2 NO				
FUNERAL	3336 Deer Hill R	oad		101. ZIP CODE 21154		PEG. NO.  OF DEATH  1 7, 1990  FEBRITH  Day, Vear)  22, 1911  Se. COUNTY OF DEATH  Harford  10d. INSIDE CITY  LIMITS?  1 YES 2 NO  10g. CITIZEN OF WHAT COUNTRY?  OF Specify Yea or No- lean, atc.)  Fighedia, Maiden Surname)  Warren  Warren  Fiddia, Maiden Surname)  Warren  Fiddia, Maiden Surname)  Warren  Fiddia, Maiden Surname)  Warren  Fiddia, Maiden Surname)  Abingdon, Virginia  III Funeral Home, P.A.  ad, Abingdon, Md. 21009  Figher of Prior Town, State Interval Between Onsar and Death Interval Between Onsar And Death I					
	11. MARITAL STATUS 1 Never Merried 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO	If yes, specify Cuban, Maxic	Sec. COUNTY OF DEATH  Ilston  10d. INSIDE CITY LIMITS? 1						
BY	3 X Widowed 4 Divorced			. [	,.						
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade		16a. DECEDENT'S USUAL (Give kind of work door	ne during most of working	16b. KIND OF BUS	INESS/INDUSTRY					
ا ر	Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT use retired Homemaker	7							
橐	17. FATHER'S NAME (First, Middle, Last)		TICILE TO		AME (First Mickle Mairing)	Sumama)					
ř.	David William V	<i>T</i> enable									
TO BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADDRI	ESS (Street and Number or Rural	Route Number, City or Town	, State, Zip Code)					
F	Hazel D. LeMaire		3336 Deer	HIII ROAD,	street, M.	21154					
	20a. METHOD OF DISPOSITION 1 ☐ Burial 2 ☐ Cremation 3 ☐ Rem	ovet from State	other place)	(Name of cemetery, crematory or		_					
	4 ☐ Donation 5 ☐ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIF				004.1.0	Liigaon,	VIIGIIIIa				
	11. 011	2/1 /	-	Howard K. Mc	Funeral Home, P.A.						
	PROLEGANA IC	WAR COUR									
		List only one cause on ea	ch lina.		n n n n n n n n n n n n n n n n n n n	or self-in-	Intarval Between				
	IMMEDIATE CAUSE (Final disease or condition	CALC	CTIVE	WE ART	FAIL	WE	D A4				
	resulting in death)	DUE TO (OR AS A	CONSEQUENCE OF):	14511101			7.179				
z		b.									
CERTIFICATION	Sequentially list conditions, If any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF):								
2	cause. Enter UNDERLYING CAUSE (Disease or Injury	C. DUE TO (OR AS A	CONSEQUENCE OF):								
Ē	that initiated events resulting in death) LAST		SONOEOGENIOE GI J.								
	SAFET II ON THE SAFET AND THE	d.									
AS .	PART II. Other algnificant condition		LI PE	underlying cause given is	Part I. 24s. WAS AN PERFOR		AVAILABLE PRIOR TO				
EDIC	AIHA				1 TYES 2	NO	OF DEATH?				
2	TP						1   YES 2   NO				
IAN	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (C	theck only one)						
SIC	EXAMINER?	HOSPITAL:	offent 3 DOA 4 D	IER: Nursing Home 5 - Residence	6 Other (Specify)						
PHYSICIAN: MEDIC	27. MATNER OF BEATH	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c. INJURY AT WORK?	26d. DESCRIBE HOW I	NJURY OCCURED					
ВУ	Natural 5 Pending Investigation		N	1 YES 2 NO							
	3 Suicide 6 Could not be 4 Homicide detarmined	28a. PLACE OF INJURY building, etc. (Spec	— At home, farm, street,	factory, office	281. LOCATION (Street of City or Town, State)	and Number or Run	al Route Number,				
ET	200 CENTIFIED					2 05-001					
MPL	(Check only CERTIFYING PHYS	BICIAN: To the best of my know					e(s) and manner se stated				
	MEDICAL EXAMINER: On the beste of axiamination and/or investigation, in my opinion, death occured at the time, data and piece, and due to the										
0.00	296. LICENSE MUMBER  296. LICENSE MUMBER  296. LICENSE MUMBER  296. LICENSE MUMBER  296. LICENSE MUMBER										
O BE	200 SIGMATURE ANOTITIE CENTRY	wards	My		JMBER	294. DAY SIG	190				
TO BE	JO A White Person &	HO COMBLETED CAUSE OF DE	ATH STEM 27) (Type, Print)		A FAN	LSTUA	190 100				
	216. BIGMATCHE AND TILE CERTIFICATION OF THE PERSON W	HO COMBLETED CAUSE OF DE			W FAN	25 th A	190 ms				

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a four stern death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

STATE	0F	MARYLAND /	DEPARTMENT	0F	HEALTH	AND	MENTAL	<b>HYGIENE</b>
		CE	ERTIFICATE	O	F DEAT	TH		REG. NO.

_	NEGISTRAN			tari i i i i i	IOAIL	. 01	DEA		HEG. NO.						
	1. DECEDENT'S NAME (First, Middle, Last)  John James Taricci							2. DATE OF DEATH MONTH DA April 9,	DAY YEAR						
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. In			FINNER 1 VEAR AFTENDED 24 MPS 7 DATE OF BIOTH			A BIOTA						
R	162-30-7129 1X M 2		82	2 YRS. MONTHS DAYS HOURE MIN.		Sept. 11,1907		Countr	Pennsylvania						
	9a. FACILITY NAME (If not institution, give s	treet and number)			9b. CITY,										
	Frederick Heal	lth Care	Center			Fre	derio	ck		]	Frede	erick			
DIRECTOR	RESIDENCE OF DECEDENT														
W I	10a. STATE 10b. COUNT			10c. CIT	Y, TOWN O	R LOCAT	TION					10d. INSIDE CITY			
5	Maryland Fi	rederick				Mt.	Airy	7			S. BIRTHPLACE (State or Foreign OT Pennsylvania COUNTY OF DEATH Frederick    10d. INSIDE CITY LIMITS? 1   YES 2 AND				
4	10e. STREET AND NUMBER					10	. ZIP COD	E		10g. CIT	IZEN OF V	VHAT COUNTRY?			
FUNERAL	12919 Old Anna	polis Rd.	•				2	21771	•	U.S.A.		5.A.			
3	11. MARITAL STATUS		T EVER IN U.S. A		13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify					es or No. 14. RACE — American Indian.					
	1 Never Married 2 Married	IF YES, GIVE Y	MAR OR DATES	NO		1 YES 2 NO Specify: Specify:						lfv:			
BY	3 Widowed 4 Divorced	W.V	₹. 2								V	hite			
	15. DECEDENT'S EDU (Specify only highest grade		(0	Give kind of	USUAL OC			7 <b>0</b>	16b, KIND OF BUS	SINESS/IN	DUSTRY				
Ш	Elementary/Secondary (0-12)	College (1-4 or 5	+)	n. Do NOT u											
MP	12			Acc	ounta	nt			U.S. Government						
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOT	HER'S NAM	AE (First, Middle, Maiden	st, Middle, Maiden Surname)					
BE (	Anthony	Iaricci						Ros	alina Ciad	)					
10	19a. INFORMANT'S NAME (Type/Print)		11												
-	Marie F. Tarico	ci		129	19 01	d A	nnapo	olis	Rd., Mt. A	liry	Md.	21771			
	20s. METHOD OF DISPOSITION 1 Aburial 2 Cremetion 3 Rem	ovel from State	20b. PLACE other p	riece)								,			
	4 Donation 5 Other (Specify)	CENGEE	Garr	1.8011			ND ADORE			OWI	Tigo	MILLE, Ma.			
	00 0	Λ	1							1					
	Clein L. M	Olin L. Molesworth, P.A. 26401 Ridge Rd., Damascus, Md. 20872									20872				
CERTIFICATION	ehock, or heart failure. List only one ceuse on eech line.														
	PART II. Other eignificant condition	na contributing to	death but not	resulting	in the un	derlyin	g cause	given in i	Part I. 24a. WAS AN	AUTOPSY	246	. WERE AUTOPSY FINDINGS			
EDICAL	Renge	e s	usalf	icia	how				PERFOR						
ED			61						1 TYES 2	□ NO					
Z									-			T TES 2 NO			
AN	25. WAS CASE REFERRED TO MEDICAL	1				26. P	LACE OF D	EATH /Che	ock only one)						
SIC	EXAMINER? 1   YES 2   NO	HOSPITAL:	EB/Outpetient	2 DO4	OTHER	3:									
PHYSICIAN:	27. MANNER OF DEATH	28e. DATE O		28b. T/8	-		JURY AT	maioenca	8 Other (Specify) 28d. DESCRIBE HOW I	NJURY O	CURED				
	1 Netural 5 Pending		Day, Year)		JURY M	WC	YES 2	NO !							
ВУ	2 District		OF INJURY At h	ioma, farm,	atroot, facto	ory, offic	10			and Numbe	er or Rural	Route Number,			
빌	Suicide  8 Could not be defermined  City or Town, State)														
COMPLETED	29s. CERTIFIER (Check only (Check only) (Check only) (Check only)														
Ö	one) 2 Milloral tramines. On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.														
W I	29b. SIGNATURE AND TITLE OF MENUTE				29c. LIC	ENSE NUM	BER								
00	1/2/10						02	64	99	1	-9-	-90			
2	30. NAME AND ADDRESS OF PERSON WE														
	Romald E. Miller, M.D. 4 Culwell Brive, Mt. Airy, Md. 21771  31. DATE FILED (Month, Day, Year)  32. REGISTRARY MONTHS.  ADD 101990 fund Juviden North														
	31. DATE FILED (Month, Day, Year) APR 1 0 1990 4	lie Devidson	~ Tono												
	APRIO MOU														

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	certificate be
US, P.	it the death
RECOR	requires that
IAL	. The law
2	<b>PHYSICIAN</b>
/ISION	ATTENDING
5	HOSPITAL OR ATTENDING PHYSICIAN: The Ia

	1	1. DECEDENT'S NAME (First,	Middle, Last)			. 0					2. DATE O	DEATH		YEAR	3. TIME OF DEATH
		Michael	L	Ioannou		- 70					MONTH	03		90	545 AF
		4. SOCIAL SECURITY NUME		5. SEX	6. AGE (In yr	rs. lest birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. OATE OF (Month,	BIRTH Day, Year)		8. BIRTH Countr	PLACE (State or Foreign
P		217-78-4		1X M 2 G F	78	YRS.					10/18/11 Cy			Су	prus
3 should		9a. FACILITY NAME (If not in					ON OF DE	ATH		9c. COUN	TY OF D	EATH			
2, 3	СТОВ	Greater Laur	el-Be	<u>ltsville</u>	Hospi	ta1	I	aur	e1			Prince George			
es 1	S	10a. STATE	10b. COUNT	Υ	_	10c. CITY, TOWN OR LOCATION									10d. INSIDE CITY
. Pag	DIRE	Maryland	М	ontgome	erv		Sil.	ver	Spr	ing					LIMITS?
burial-transit permit. Pages 1, 2,	AL AL	10e. STREET AND NUMBER					_		1. ZIP COD				10g. CITIZ	ZEN OF V	VHAT COUNTRY?
insit p	FUNERAL	11616	Lock	wood I	)rive				2090	) 4				US.	A
ial-tra	5	11. MARITAL STATUS		12. WAS DECEDED	NT EVER IN U.S						IIC ORIGIN? n, Puerto Ric		or No-		- American Indian, c, Whita, etc.
the bur	BY F	1 Never Marriad 2 🔣 3 Widowed 4 Divo			WAR OR DATES				2 NO					Speci	White
as th			EDENT'S EDU	ICATION	161	a. DECEDENT'S	I IISHAL O	CCUPATI	ON		16h ti	IND OF BUS	NESS/IND	HSTRY	white
r use as	ETE	(Specify only Elementary/Secondary (0	y highest grade	completed)		(Give kind of life. Do NOT u	work done	during mo	ost of workli	ng	100.7	3110 01 00	JIII 237 1110	001111	
ed for	P.	1/8	F12)	College (1-4 or 5	+)	Rest	aur	ant			-	Self	Emp	10 v	еđ
be detached at once.	OMPLI	17. FATHER'S NAME (First, M	liddle, Last)				a d L		18. MOT	HER'S NA	ME (First, Mic			20,	0.4
pe d	E C	Yianni	s Tsi	atte					F	ana	yiot	a Pa	pett	а	
5 should notified	8	19a. INFORMANT'S NAME (1				19b. MAILIN	3 ADDRESS	S (Street							
e 5 s	임	Maritsa	Ioann	ou		116	16	Loc	kwoc	d D	r. S	.S.M	d.		
r, page st be		20a. METHOD OF DISPOSIT		noval from State	20b. PL	ACE OF OISPO						T.	CATION —	Cify or To	wn, Stata
irector, p		1   Burial 2   Cremetion 3   Removal from State   Other place)   Gate of Heaven Cemetery   S.S.Md.													
e funeral director, I. examiner musi		21. SIGNATURE OF TUNERA	L SERVICE L	CENSEE //	00				ND ADDRE			11000	) N	77	A
a = a		· YIKU	ON	Dena	an		1111	nes,	/ KIII		r.n. Silver				pshire Ave.
F 3 6		23. PART I. Enter the	iseases, or	complicatione th	at caused th	e daeth. Do	not enter	the me	ode of dy						Approximate
Do E		immediate cause (Fig		List only one ca			0			ы		. 1	j		interval Batween Onset and Death
pletely fille cremation, rent, the		IMMEDIATE CAUSE (Fine) disease or condition resulting in deeth)  Due to (or as a consequence of):  Due to (or as a consequence of):  Possible Endouncement													
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and corr burial, natic ev	N O	Sequentially list condit	tions,	b. 4000	1/966	ENSEQUENCE O	00	al	evi	PC					
physician and cone prior to buria	AT	if sny, leeding to imme ceuse. Enter UNDERLY		/ DOE IN	CIM	of NO	1//	14	618	1-9	torlo	m			
phy er p	CERTIFICATION	CAUSE (Disease or injute that initiated events	iry	DUE TO	O (OR AS A C	NSEQUENCE C	P):	/[-	w.	0	- 6				
BE F	E	resulting in deeth) LAS	т	d.											
the atte Mental		PART ii. Other algnifica	ent conditio	ne contribution t	o death but	not requiting	in the	ndorbila		aluan la	Dart I	4a. WAS AN	ALTTOREY	1 0.45	WERE AUTOPSY FINDINGS
A Du	CAL	TAIL II. Other algimics	-III CONGILIO	ins contributing to	o death but	not resulting	III (III UI	i de i y ii	ig cause	Airen in		PERFO	AMED?	240	AVAILABLE PRIOR TO COMPLETION OF CAUSE
Health and	ᅙᅵ										- 1	1 TYES 2	NO NO		DF DEATH?
of H show	ME														1 YES 2 NO
has been Dept. of 23 sh	A	25. WAS CASE REFERRED 1	O MEDICAL	1				26. P	LACE OF I	DEATH (CA	eck only one				
State C	띯	EXAMINER?		HOSPITAL:	☐ ER/Outpatie	ent 3 🗆 DOA	OTHE!	R:			8 Other				
DIRECTOR: After this certificate has been hours after death with the State Dept. of item 28 is marked, or item 23 she	PHYSICIAN:	27. MANNER OF PEATH		28a. DATE O	F INJURY	28b. Til	WE OF	28c. IN	JURY AT	and allow		RIBE HOW	NJURY OC	CURED	
fter this cleath with marked,	ВУ Р	1 Natural 5 🗌	Pending Investigation	(Month,	Day, Year)	"	JURY M		ORK? YES 2 [	NO					
r deat	0 8	3 Suicide 8	Could not be	28e. PLACE	OF INJURY — g, atc. (Specify)	At home, farm,	street, fac	tory, offi	ce			TION (Street Town, State)		or Rural	Route Number,
s afte	ETE	4 Homicida	datarmined								5.1, 5.	iowii, otalo,			
	퓝	29a. CERTIFIER (Check only	TIFYING PHYS	SICIAN: To the best	of my knowledg	ge, death occur	red at the	time, dat	a and plac	e, and dus	to the caus	e(a) and me	nner as stat	ed.	
TO THE FUNERAL De filed within 72 P	COMPL	000)	NCAL EXAMIN	ER: On the basis of	axamination ar	nd/or investigat	lon, In my	opinion,	death occu	red at the	time, deta s	nd place, as	nd dua to th	e cause(	a) and manner as stated.
E FUI	ш	29b. SIGNATURE AND AITLE	E OF CERTIFIE	R. 4 1 4 V	Λ				29c. LIC	ENSE NU	MBER				(Month, Day, Year)
TO THE be filed	8	TV.	low	russ	1				DI	367	1		<b>&gt;</b> 2	1-5	-93.
11	유	30 NAME AND ADDRESS O	F PERSON W	HO COMPLETED CA	USE OF DEATH	1 (FTEM 27) (Typ	e, Print)								
4		Dr. Dennis		el 14201	Laure	1 Park	Dri	ve I	aure	1 Md					
•		31. DATE FILED (Month, Day,	190	32 REGISTE	RAR'S SIGNATI	IRE									
	$\square$	APR 09	30	grina Do	widson-1	Jana									

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

ours after death. Page 6 may be retained by the hospital or attending physician	illed in by the funeral director, page 5 should be detached for use as the burial-tra	n, or removal.	e medical examiner must be notified at once.
TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Jurs after death. Page 6 may be retained by the hospital or attending physician	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-train	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

				90 11121					
	1 - STATE STATE OF MARYLAND / DEPAR CERTIF	RTMENT OF HEALTH AND FICATE OF DEATH	MENTAL HYGIENE REG. NO.						
	1. DECEDENT'S NAME (First, Middle, Last)  Calvin Colbert (ISAAC)		2. DATE OF DEATH MONTH 3 ZG 90	S. TIME OF DEATH					
	4. SOCIAL SECURITY NUMBER  5. SEX  6. AGE (In yrs. lest birthday)  V M 2 F 5 8 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.	7. DATE OF BIRTH TWO din, Day, Year) TO 0.3 -32	BIRTHPLACE (State or Foreign Country)					
5	98. FACILITY NAME (If not institution, give street and number)  MYCH MODICAL CANHEL	9b. CITY, TOWN OR LOCATION OF E	DEATH 96. COUNTY	OF DEATH					
DIMEC	10e. STATE 10b. COUNTY 10c. CN		10d. INSIDE CITY LIMITS? 1 YES 2 NO						
EHAL	100. STREET AND NUMBER Deafor Modical Hursing Lynn	101. ZIP CODE	10g. CITIZER	OF WHAT COUNTRY?					
DI LON	1) Never Merried 2 Merried 3 Widowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 VES 2 NO IF YES, GIVE WAR OR DATES	13. WAS DECENDENT OF HISP- If yes, specify Cuben, Mexic 1 YES 2 M MO Spec	en, Puerto Ricen, etc.)	RACE — American Indian, Black, White, atc. Specify:					
15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Sepondery (0-12)  College (1-4 or 5+)  College (1-4 or 5+)  College (1-4 or 5+)  College (1-4 or 5+)									
17. FATHER'S NAME (First, Middle, Leet)  18. MOTHER'S NAME (First, Middle, Meiden Surname)  Gladys Stansbury									
2	MARGARETA, GANT 10K	oosevet.	Poute Number City or Town, State, Zip Co	5-1401					
	206_METHOD OF DISPOSITION 1 (0.5 urlei 2	WECK-CEN	1. AIA, CO	or Town, State 2 140/					
	Charles E. Liels II	122. NAME AND ADDRESS OF F	MALHORE A	WALDOLIS-N					
	23. PART I. Enter the diaeeeea, pr complications that coused the deeth. Do shock, pr heert fallure. List only one couse on each line.  IMMEDIATE CAUSE (Finel disease or condition	not enter the mode of dying, su	ch as cardiec or respiratory arrest	Approximate Interval Belween Onset and Death					
	DUE TO (OR AS A CONSTOUENCE O								
NO.	Sequentielly list conditions, if any, leading to immediate ceuse. Enter UNDERLYING	DF):							
ביוויונים	CAUSE (Disease or injury that initiated events resulting in death) LAST	DF):							
EDICAL C	PART II. Other significent conditions contributing to death but not resulting	In the underlying ceuse given i	Part I. 24a. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?					
Σ				1 TYES 2 NO					
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	26. PLACE OF DEATH (C	Check only one)						
27	1 ☐ YES 2 ☐ NO 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA  27. MANNER OF DEATH 26e. DATE OF INJURY 28b. TII		6 Other (Specify)  26d, DESCRIBE HOW INJURY OCCUP	RED					
-	1 Netural 5 Pending (Month, Day, Year) IN 2 Accident Investigation	M 1 YES 2 NO							
2 Schedert 3 Suicide 6 Could not be building, stc. (Specify) 26e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 26f. LOCATION (Street and Number or Rural Roc City or Rown, State)									
CMT	29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occur one)  2 MEDICAL EXAMINER: On the best of examination and/or investigate								
0 20 0	296. SIGNATURE AND TITLE OF CERTIFIER  A  V  V  V  V  V  V  V  V  V  V  V  V	29c. LICENSE N	UMBER 29d. DATE S	IGNED (Month, Day, Year)					
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (17)	tospital bal	timere, Mol &	01202					
	31. DATE FILED (Month, Day, Year)  MAR 2 9 1990  32. REGISTRAR'S SIGNATURE								

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STATE OF	MARYLAND / I	DEPARTMENT	OF HEALT	H AND	MENTAL	HYGIENE
	CE	RTIFICATE	OF DE	ATH		REG. NO.

	1 - FOR STATE REGISTRAR	STATE OF MARYLA			HEALTH AND	MENTAL	HYGIENE REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE O	F OEATH	VEA	3. T	ME OF DEA	פיילי
	ALFRED		JONES			MONTH 3	25	- PO		6:-	AM
	4. SOCIAL SECURITY NUMBER	1 = 100	in yrs. lest birthday)	IF UNDER 1 YEAR		7. OATE O	F BIRTH Day, Year)		THPLAC	E (State or F	oreign
	0/3-12-210/	1 🖾 M 2 🗀 F	75 YRS.	MONTHS DAYS		JAN.	1, 19	15 NI	EW J	ERSEY	
"	9e. FACILITY NAME (If not institution, give str		'		OR LOCATION OF DI		13	9c. COUNTY O			
DIRECTOR	HOLY CROSS HOS	SPITAL		SI	LVER SPR	ING	1	MON	VTGO:	MERY	
12	10a. STATE 10b. COUNTY			10d.	INSIDE CIT	Y					
盲	MARYLAND	MONTGOMERY		SILVER	SPRING					YES 2	NO
\rightarrow	10e. STREET AND NUMBER				IOF. ZIP CODE			10g. CITIZEN O	F WHAT	COUNTRY?	
FUNERAL			EST		20901			USA			
	11. MARITAL STATUS 1 Never Merried 2 Merried	12. WAS DECEDENT EVER IN FORCES? 1 XYES	VU.S. ARMEO		ECENDENT OF HISPAI specify Cuben, Mexico			r No 14. R	ACE — A lack, Whi	mericen ind ite, etc.	len,
B	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA	ATES		ES 2 NO Specif			Sį	pecify:	WHITE	
B	16. DECEDENT'S EDUC	ATION	16a. DECEDENT'S			16b.	KIND OF BUSIN	I I I I I I I I I I I I I I I I I I I		WILLIE	
4	(Specify only highest grade of Elementary/Secondary (0-12)	Completed) College (1-4 or 5+)	(Give kind of v	vork done during i e retired.)	most of working	1					- 1
鱼	12						NSA				
2	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, M	iddle, Maiden St	ırneme)			
麗	SAMUEL JONES				BESSI	Ε					
2	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	t and Number or Rural	Route Number	er, City or Town,	State, Zip Code)			
-	ESTELLE G. JONES	(WIFE			Y BLVD.,	W.,	_				01
	20e. METHOD OF DISPOSITION  1\( \subseteq \text{Burlel}  2 \subseteq \text{Cremetion}  3 \subseteq \text{Remo}	val from State	other place)		cemetery, cremetory or			ATION — City or			
ARLINGTON NATIONAL CEMETERY ARLINGTON, VIRGINIA											
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE		FRANC	AND ADDRESS OF FA	LLINS	FUNER	AL HOMI	Ξ. Ι	NC.	
	Samos	e souls.		500 t	CIS J. CONTINUERSITY	Y BLV	D., W.	, SIL.	ŚP.	, MD	20901
	23. PART I. Enter the diseases, or co shock, or heert fellure. L			ot enter the r	node of dying, suc	ch as card	ac or respire	tory arrest,		Approxim	
	IMMEDIATE CAUSE (Finel	ast only one cause on e	acti iiile.							Onset an	
H	disease or condition resulting in death)   e. SEPTIC SHOCK										
		DUE TO (OR AS A	CONSEQUENCE OF	F):							
8	Sequentially list conditions,	FECAL	- PER	NOLL	ITIS						
Ě	if any, laeding to immediate cause. Enter UNDERLYING	PENAL	-	LUR	C				j		- 1
[ 윤	CAUSE (Disease or injury thet initieted events	OUE TO (OR AS A	CONSEQUENCE OF	P):					+		-
CERTIFICATION	reaulting in death) LAST	METAR	30010	ACI	DOSIC						
방											
¥	PART II. Other significant conditions				ing cause given in	Part I.	24a. WAS AN A		AWAI	LABLE PRIOF	OT F
음	VENTRICULA	YC THOMY	CARD	14.		— i	1 TES 25	NO		IPLETION OF DEATH?	CAUSE
MEDIC								,	1 [	YES 2	NO
SICIAN:		-									
🚊	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	PLACE OF DEATH (C)	heck only one	9)				
₹	1 YES 2 NO 27. MANNER OF DEATH	1 □ Inpetient 2 □ ER/Outs 28e. OATE OF INJURY	patient 3 DOA		ome 5 Residence	T		JURY OCCURE			
PHY	1 Natural 5 Pending	(Month, Day, Year)		URY	WORK?	260. DE\$	CRIBE HOW MY.	JOHT OCCURE	,		
BY	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY	/ — At home, term,			281. LOC/	TION (Street en	d Number or Ru	ral Route	Number.	
	4 Homicide 8 Could not be	building, etc. (Spec	cify)				or Town, State)				
<u>"</u>	29e. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of my know	dedge death popus	ad at the time of	ete and place, and du	a to the cou	sele) and man	on on stated			
COMPLETED	one)	R: On the basis of examination							se(e) end	manner ee	stated.
	290. BIGNATURE AND TITLE OF CERTIFIER	1774-11-11-11-11-11-11-11-11-11-11-11-11-11									
BE	Meallow 1/	mulle	110		D35	-	/	29d. DATE SIG	) /	III, USIY, TOOL	<u> </u>
임	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Time	Print)			1	21	10	110	/
	MERLYW VENUE	14,10301G	EORGII	+ AVE	#305,	SILL	IERS	PRIN	6	4DZ	902
	31. DATE FILED (Month, Day, Year) MAR 3 0 90	32. REGISTRAR'S SIGN	Non-Rindo	00							

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TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21203-3146

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The state of the s	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic even	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
	r other	RTIF
	Injury, c	AL CE
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DO MINISTER	ORTAN	E CC
3	MP	2

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

Therin Raymond Jones 33-29-90 FOUN 7.30AM 7.	1. DECEDENT'S NAME (First	, Middle, Last)										TE OF DEATH	AY	YEAR	3. TIME	OF DEATH	
220—13—8776  INDUST MANE (First influence)  INDUS MANE (First influence)  INDUS MANE	Tì	nerin	Raymo	ond		Ċ	Jones	5			3.				7	:30AM	М
The manufact manufact part and manufact part a						birthday)					7. DA1	TE OF BIRTH onth, Day, Year)		6. BIRTH	PLACE (S	tate or Foreign	,
The management of the control of t				1/		YRS.						v. 13,	1972	Wash	ing	ton, I	C
SENSIFIED TO PERCEION TO MARY LANGE OF THE SENSIFIED TO MARKED OF PERCEION TO MARY LANGE OF THE SENSIFIED TO MARKED OF THE SENSIF	,		,				9b. CITY	, TOWN	OR LOCA	ATION OF DE	HTA		9c. COL	INTY OF D	EATH		
Maryland   Secondary   Prince George's   Fort Washington   Secondary   Secon			<u>d</u>					Ft.	Was	shing	ton		Pri	nce (	eor	ges Co	ounty
Mary   And   Prince George's   Fort Washington   10 x res   10 to			γ			10c. CIT	Y, TOWN C	R LOCA	ATION						10d. INS	IDE CITY	
17.10 Thomas Road  11. MANTAL STATUS 11. Mantal 2	Maryland Prince George's Fort Washington																
11. MANUFAL STATUS PROFESS   15													10g. CIT	IZEN OF V	HAT COL	INTRY?	
Secretary   Color   Secretary   Color   Secretary   Color   Secretary   Color   Secretary   Color   Secretary   Color   Secretary   Color   Secretary   Color   Secretary   Color   Secretary   Color   Colo	1710 Thomas	s Road							207	44			U.S	.A.			
Secondary (Note)   Discrete   Pyes, ave with ore Dates   Pyes, ave with ore Dates   Pyes, ave with ore Dates   Pyes, ave with ore Dates   Pyes, ave with ore Dates   Pyes, ave with the	11. MARITAL STATUS						13.	WAS DE	CENDEN	T OF HISPAN	NIC ORIG	GIN? (Specify Ye	s or No-	14. RACE	- Amer	ican Indian,	
SOURCEMENT   SUBJECTION   SOURCEMENT   SUBJECTION   SUBJECTION   SUBJECT	1 X					O						io Rican, atc.)			he:		
Control College (14 or 5 - )   Student			l											<u> </u>	wn:	Lte	_
Student   High School   Part   High School   Part					(Gi	ve kind of a	work done			rking	1	16b. KIND OF BU	SINESS/IN	DUSTRY			
T. RATTER'S NAME (First, Miscle, Lati)  Carl F. Jones    Sample   Society   Diamna Compton	Elementary/Secondery (0-12) College (1-4 or 5 +)																
This internal content is a proper in the management of the managem																	
The information of the properties   The market (Type Print)   The mast Road, Fort Washington, Maryland 20744									2.75.7				Sumame)				
Mr. Carl F. Jones (Father)  1710 Thomas Road, Fort Washington, Maryland 20744  18th Burlay 2   General Burlay   General General Burlay   General Burlay   General General Burlay   General General Burlay   General General General Burlay   General General Burlay   General Gen					1404		A 00055	2 (02					o Chair 7	in Contai			
Secretable of Consider   Remove from Siste   Percent   Remove from Siste   Remove fr	The second second second second		s (Father	r)											hand	207//	
22. NAME AND ADDRESS OF PARTIES  23. PART I. Inter the disease, or complications that caused the death. Do not enter the mode of dying, such se certified or respiratory errest, thock, or heart feliurs. List only one cause on sech line.  14739 Baltimore Ave. Hyattsville, Md. 20781  24739 Baltimore Ave. Hyattsville, Md. 20781  Approximate interval Between Onset and the mode of dying, such se certified or respiratory errest, thock, or heart feliurs. List only one cause on sech line.  1580 DUE TO (OR AS A CONSEQUENCE OF):  25. CONTACT Shotgum Wound of head  25. CONTACT Shotgum Wound of head  25. CONTACT Shotgum Wound of head  26. DUE TO (OR AS A CONSEQUENCE OF):  27. MANUSCRIPTION OF AS A CONSEQUENCE OF):  28. PLACE OF DEATH (Check only one)  29. CONTACT SHOTGUM OF THE PROPERTY OF THE PROPER																	
22. RARE AND ADDRESS OF FACILITY Francis Casch's Sons Funeral Home, P.A. 4739 Baltimore Ave. Hyatsville, Md. 20781  Approximate https://doc.ore.ore.ore.ore.ore.ore.ore.ore.ore.ore	A Buriel 2 Offendation 3 Removal from State Open State Open State Specific Annual from State Port Lincoln Cemetery Reptwood Maryland																
Francis Gasch's Sons Funeral Home, P. A. 4739 Baltimore Ave. Hyatsville, Md. 20781	21. SIGNATURE OF FLIVERAE BETWICE LIFENSES 22. NAME AND ADDRESS OF FACILITY																
23. PART I. Street the diseasee, or complicatione that ceused the deeth. Do not enter the mode of dying, such excerdisc or respiratory errest, large or the control of the	Francis Gasch's Sons Funeral Home, P.A.																
### PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.    Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.	7 100	CA	100	74	qu	~											31
Contact Shotgun Wound of head	nock, or h	eart feilure.					not enter	the m	ode of	aying, suc	n ee c	erdiec or reep	Hratory e	rrest,	in	erval Betw	
DUE TO (OR AS A CONSEQUENCE OF):    Sequentially list conditione, If any, leading to immediate cease. Enter UNDERLYING CALISE (Disease or Injury that initiated events recurring in death) LAST    DUE TO (OR AS A CONSEQUENCE OF):		nel	Contac	rt Sh	ota	מז מנ	balla	of	hoad	4					0	reet sild bi	30(1)
H any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A	resulting in deeth)		8-					OL	Ticac						+		-
H any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A																	
CAUSE (Disease of injury that initiated events resulting in deeth) LAST  A. DUE TO (OR AS A CONSEQUENCE OF):  d. DUE TO (OR AS A CONSEQUENCE OF):  d. DUE TO (OR AS A CONSEQUENCE OF):  d. DUE TO (OR AS A CONSEQUENCE OF):  d. DUE TO (OR AS A CONSEQUENCE OF):  d. DUE TO (OR AS A CONSEQUENCE OF):  d. DUE TO (OR AS A CONSEQUENCE OF):  d. DUE TO (OR AS A CONSEQUENCE OF):  d. DUE TO (OR AS A CONSEQUENCE OF):  d. DUE TO (OR AS A CONSEQUENCE OF):  d. DUE TO (OR AS A CONSEQUENCE OF):  d. DUE TO (OR AS A CONSEQUENCE OF):  d. DUE TO (OR AS A CONSEQUENCE OF):  d. DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  d. DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUE			DUE TO	OR AS A	CONSEC	OUENCE O	F):										
DUE TO (OR AS A CONSCIUENCE OF):    Add	ceuse. Enter UNDERLY	ING	C	_													
PART II. Other significent conditione contributing to deeth but not resulting in the underlying cause given in Pert I.  24a. WAS AN AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH (Check only one)  25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  X MYES 2 NO  25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  X MYES 2 NO  26. PLACE OF DEATH (Check only one)  27. MANNER OF DEATH  1   Inputient 2   EN/Outpetient 3   DOA   4   Nursing Home   1   VES	that initiated events		DUE TO	OR AS A	CONSE	OUENCE O	F):										
25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  AND THE RIPE TO OF CAUSE OF DEATH (Check only one)  26. PLACE OF DEATH (Check only one)  27. MANNER OF OEATH    HOSPITAL:   1   Inpatient 2   ERVoutpetient 3   DOA   4   Nursing Home   MASS Maldence 6   Other (Specify)  27. MANNER OF OEATH    Natural 5   Pending   Pendin	resulting in deeth) LAS		d														_
25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  XXX YES 2 NO  26. PLACE OF DEATH (Check only one)  27. MANNER OF OEATH  1   Natural   S   Pending Investigation   Pending	PART II. Other signific	ent condition	ne contributing to	deeth be	ut not r	esuiting	In the u	nderlyir	ng caus	e given in	Pert I.	24a. WAS A		24b	WERE A	JTOPSY FINDI	NGS
25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  XXX Es 2 NO  1 Inpatient 2 ER/Outpetient 3 DA OTHER: 1 Inpatient 2 ER/Outpetient 3 DA OTHER: 1 Notural 5 Pending Investigation Investigatio										-							SE
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  XEXES 2 NO  1   Inpatient 2   ER/Outpatient 3   DOA   4   Mursing Home   XEXISTATION    26. PLACE OF DEATH (Check only one)  TYPE 2 NO  27. MANNER OF OEATH   1   Inpatient 2   ER/Outpatient 3   DOA   4   Mursing Home   XEXISTATION    28. OATE OF INJURY   28. INJURY AT   26. DESCRIBE HOW INJURY OCCURED    28. PLACE OF INJURY   28. INJURY AT   26. DESCRIBE HOW INJURY OCCURED    28. PLACE OF INJURY   28. INJURY AT   26. DESCRIBE HOW INJURY OCCURED    28. PLACE OF INJURY   28. INJURY AT   28. INJURY AT   26. DESCRIBE HOW INJURY OCCURED    28. PLACE OF INJURY   28. INJURY AT   26. DESCRIBE HOW INJURY OCCURED    28. PLACE OF INJURY   28. INJURY AT   26. DESCRIBE HOW INJURY OCCURED    28. PLACE OF INJURY   28. INJURY AT   26. DESCRIBE HOW INJURY OCCURED    28. PLACE OF INJURY   28. INJURY AT   26. DESCRIBE HOW INJURY OCCURED    28. PLACE OF INJURY   28. INJURY AT   26. DESCRIBE HOW INJURY OCCURED    28. PLACE OF INJURY   26. DESCRIBE HOW INJURY OCCURED    28. PLACE OF INJURY   26. DESCRIBE HOW INJURY OCCURED    28. LOCATION (Street and Number or Rural Route Number, City or fown, State)   17.10 Thomas Road, Ft. Washington    29. CERTIFIER   1   CERTIFIER   27. INJURY AT   26. DESCRIBE HOW INJURY OCCURED    29. CERTIFIER   1   CERTIFIER   27. INJURY AT   26. DESCRIBE HOW INJURY OCCURED    29. CERTIFIER   27. DESCRIBE HOW INJURY OCCURED    29. CERTIFIER   27. DESCRIBE HOW INJURY OCCURED    29. CERTIFIER   27. DESCRIBE HOW INJURY OCCURED    29. LICENSE NUMBER   29. DESCRIBE HOW INJURY OCCURED    29. LICENSE NUMBER   29. DESCRIBE HOW INJURY OCCURED    29. LICENSE NUMBER   29. DESCRIBE HOW INJURY OCCURED    29. LICENSE NUMBER   29. DESCRIBE HOW INJURY OCCURED    29. LICENSE NUMBER   29. DESCRIBE HOW INJURY OCCURED    29. LICENSE NUMBER   29. DESCRIBE HOW INJURY OCCURED    29. LICENSE NUMBER   29. DESCRIBE HOW INJURY OCCURED    29. LICENSE NUMBER   29. DESCRIBE HOW INJURY OCCURED    29. DESCRIBE HOW INJURY   26. DESCRIBE HOW INJURY OCCURED    28. LICENSE NUMBER   29. DESCRIBE HOW I												XXXXES	2 🔲 NO				
EXAMINER?  XMYES 2 NO  1 Inputient 2 ER/Outpetient 3 DOA 4 Nursing Home *** Medicines 6 Other (Specify)  27. Manner of Carth 1 Natural 5 Pending Investigation 2 Sea. OATE OF INJURY AM M 1 YES 2 NO 2 Accident  XXXXXIII 6 Could not be detarmined  28s. PLACE OF INJURY — At home, farm, street, factory, office Dullding, stc. (Specify)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and medical EXAMINER: On the bests of axamination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated.  29s. SIGNATURE AND TILE OF TIME  3 - 29 - 90  AM M M 1 YES 2 NO Self inflicted  28s. Location (Street and Number or Rural Route Number. City or Town, State)  1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated.  29s. SIGNATURE AND TILE OF TIME AND TIM														1 2	CXXV TE	3 2   NO	
27. MANNER OF OEATH  1	25. WAS CASE REFERRED	TO MEDICAL				-		26. F	PLACE O	F DEATH (Cr	neck only	/ one)					
27. MANNER OF CEATH    Natural   S   Pending   Investigation   S   Pending   Investigation   S   Pending   Investigation   S   Pending   Investigation   S   Pending   Investigation   S   Pending   Investigation   S   Pending   Investigation   S   Pending   Investigation   S   Pending   Investigation   S   Pending   Investigation   S   Pending   Investigation   S   Pending   Investigation   S   Pending   Investigation   S   Pending   Investigation   S   Pending   Investigation   S   Pending   Investigation   S   Pending   Investigation   S   Pending   S   P	EXAMINER? HOSPITAL: OTHER:																
1 Natural 2 Accident 3-29-90 AM M 1 VES 2 NO Self inflicted 2 Accident 3-29-90 AM M 1 VES 2 NO Self inflicted 2 Accident 3-29-90 AM M 1 VES 2 NO Self inflicted 2 Accident 3-29-90 AM M 1 VES 2 NO Self inflicted 2 Accident 3-29-90 AM M 1 VES 2 NO Self inflicted 2 Accident 3-29-90 AM M 1 VES 2 NO Self inflicted 2 Accident 3-29-90 AM M 1 VES 2 NO Self inflicted 2 Accident 3-29-90 AM M 1 VES 2 NO Self inflicted 2 Accident 3-29-90 AM M 1 VES 2 NO Self inflicted 2 Accident 3-29-90 AM M 1 VES 2 NO Self inflicted 2 Accident 3-29-90 AM M 1 VES 2 NO Self inflicted 2 Accident 3-29-90 AM M 1 VES 2 NO Self inflicted 2 Accident 3-29-90 AM M 1 VES 2 NO Self inflicted 2 Accident 3-29-90 AM M 1 VES 2 NO Self inflicted 2 Accident 3-29-90 AM M 1 VES 2 NO Self inflicted 2 Accident 3-29-90 AM M 1 VES 2 NO Self inflicted 2 Accident 3-29-90 AM M 1 VES 2 NO Self inflicted 2 Accident 3-29-90 AM M 1 VES 2 NO Self inflicted 3-29-			28s. OATE O	F INJURY	-	28b. TIN	E OF	28c. IN	JURY AT				INJURY O	CCURED			$\neg$
26s. PLACE OF INJURY — At home, farm, street, factory, office   Could not be detarmined   City or fown, Street and Number or Rural Route Number, City or fown, Street   1710 Thomas Road, Ft. Washington   1710 Thomas Road, Ft. W							JURY			2 NO	Se	elf inf	lict	ed.			
Home 1710 Thomas Road, Ft. Washington to the certification of the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and due to the cause(e) and manner as stated.  29b. Signature and Title of Little Law Miner: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated.  29b. Signature and Title of Little Law Miner: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated.  29b. Signature and Title of Little Law Miner: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated.  29c. License Number OCME  29d. Date signet (Month, Day, Year)  30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  JAMES KAPLAN, MD  111 Penn Street, Baltimore, MD 21201 VC	and Francisco		26s. PLACE	OF INJURY	— At ho		street, fac	tory, offi		741	281. L	OCATION (Street	and Numb		Route Nun	nber,	$\neg$
29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause of Change Standounty, MD (Check only one) MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.  29b. SIGNATURE AND TILE OF CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.  29c. LICENSE NUMBER OCME  29d. DATE SIGNED (Month, Day, Yber) 3-29-90  30. NAME AND ADDRESS OF PERSON WHO COMPRETED CAUSE OF DEATH (ITEM 27) (Type, Print)  JAMES KAPLAN, MD  111 Penn Street, Baltimore, MD 21201  VC			building	, stc. (Spec	effy)	F	Tome							nad F	4 6	Vashir	ator
MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated.    29b. SIGNATURE AND TILE OF LETTEREN   29c. LICENSE NUMBER   29d. DATE SIGNED (Month, Day, Your)   3-29-90	29a. CERTIFIER	TIEVING DUVO	ICIAN: To the heat o	of my knowl	lados de			lless del	le and al	and du							19001
296. SIGNATURE AND TITLE OF LETTER  296. LICENSE NUMBER OCME  30. NAME AND ADDRESS OF PERSON WHO COMPCETED CAUSE OF DEATH (ITEM 27) (Type, Print) JAMES KAPLAN, MD  111 Penn Street, Baltimore, MD 21201  VC	(CHECK ONLY														-		a.
OCME   3-29-90  30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Prim)  JAMES KAPLAN, MD  111 Penn Street, Baltimore, MD 21201 vc	1	_						,				The state of the s					
JAMES KAPLAN,MD 111 Penn Street,Baltimore,MD 21201 vc	290. SIGNATURE AND 11/C	Vin									MBEH		294. 0/			Jay, Year)	
			HO COMPLETED CA	JSE OF DE	ATH (ITE	М 27) (Туре		Da	~ ~·		D	144	Name of	2122			
APR 02 (*90) July Divided April 1841		·	7				TTT	ren	in St	reet	, <sub>Ba</sub>	timore	,MD	21201		V	C
	APR 02 90°	Year)	The Davidse	AT'S A BOH	AUB2												

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with ours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

18

OR TATE EGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.
EDENT'S NAME (First, Middle, Last)		2. DATE OF DEATH

	FOR 1 - STATE REGISTRAR	STATE OF MARYL			HEALTH AND N	MENTAL HYGIEN	E				
	1. DECEDENT'S NAME (First, Middle, Last				J. C. C. C. C. C. C. C. C. C. C. C. C. C.	2. DATE OF DEATH MONTH 3 - 25	- 90 YEAR	3. TIME OF DEATH			
	JOHNSON, Jam		(in yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		THPLACE (State or Foreign			
	216-30-7305	1 M 2 □ F	54 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) 3	5 Co.	ARYLAND			
_	9e. FACILITY NAME (If not institution, give				OR LOCATION OF DE		9c. COUNTY OF	DEATH			
DIRECTOR	1878 Addison	Road South	trict He	ights	P.G. CO	DUNTY					
E E	10e. STATE 10b. COUN	TY G. COUNTY	1	Y, TOWN OR LOC		4 -		10d. INSIDE CITY LIMITS?			
_								1 YES 2 NO			
FUNERAL	1878 Addison	Road South	3		20747			S.A.			
S	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.Ş. ABMED		ECENDENT OF HISPAN	IC ORIGIN? (Specify Yea	or No.— 14. RA	NCE — American Indian,			
BY F	1 Never Merried 2 Merried 3 Wildowed 4 X Divorced	FORCES? 1 TYES			specify Cuban, Mexica ES 2XXNO Specify			ack, White, etc.			
- 4	15. DECEDENT'S ED	HICATION	16a. DECEDENT'S	Hellar Occupa	TION	THE WHILD OF BUILD	BINESS/INDUSTRY	BLACK			
ETE	(Specify only highest grad	College (1-4 or 5+)	(Give kind of a life. Do NOT us	work done during a se retired.)	most of working						
COMPLETED	Elementally (e-iz)	acting (1.4 of 5.4)	MAINT	ANCE SU	PERVISOR	PICK	WICK MU	TAL HOMES			
S S	17. FATHER'S NAME (First, Middle, Lest)					ME (First, Middle, Maiden	Surname)				
BE	JAMES H. JOHNSON	I, SR.				JOHNSON					
2	190. INFORMANT'S NAME (Typo/Print) DIANE WILLIAMS		605 A	UDREY L	ANE APT.	Poute Number, City or Tow 101 OXON H	n, State, Zip Code) ILL, MD	. 20745			
	20a. METHOD OF DISPOSITION 1 → Burlel 2 □ Cremation 3 □ Re	movel from State	b. PLACE OF DISPO	SITION (Name of	cemetery, crematory or	20c, LO	CATION — City or	Town, State			
	4 Donation 5 Other (Specify)	M	T. ZION		CEMETERY		HIAN, M.				
	21. SIGNATURE OF FUNERAL SERVICE I	ICENSEE		22. NAME	AND ADDRESS OF FA	CILITY 821 WES	2140	NNAPOLIS, MD.			
	23. PART I. Enter the diseases, or	Keese II				& SONS MO		P.A.			
RTIFICATION	shock, or heert fellure. Liet only one cause on each line.  Interval Between Onset and Death disease or condition resulting in deeth)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST  Interval Between Onset and Death Cause of Injury that initiated events resulting in deeth LAST										
CE	PART ii. Other aignificant condition	one contribution to deeth	hut not maultine	in the mederle	lan anuna aluma la	Seed 1 See Mass 440	ALITTORINA LA	24b. WERE AUTOPSY FINDINGS			
MEDICAL	TAIT II. Otter eigninount ourden	Nie contributing to destin	Dut not readiting	m the underly	ing cause given in	Part i. 24a. WAS AN PERFOR	AMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
						_		1 - YES 2 1 NO			
AN	25. WAS CASE REFERRED TO MEDICAL			20	PLACE OF DEATH (Ch	nok ank anal					
SIC	EXAMINER?	HOSPITAL:	tpatient 3 DOA	OTHER:	ome 5 Residence						
PHYSICIAN:	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	26b. TIN	E OF 28c. I	NJURY AT WORK?	20d. DESCRIBE HOW I	NJURY OCCURED				
BY	1 Natural 5 Pending 2 Accident Investigation	100000000000000000000000000000000000000			YES 2 NO						
ED	3 Suicide e Could not b	28e. PLACE OF INJUR building, etc. (Spe	Y — At home, farm, ecify)	street, factory, of	fice	26t. LOCATION (Street of City or Town, State)	end Number or Rur	al Route Number,			
	29e. CERTIFIER 1 CERTIFYING PHY	SICIAN: To the best of my know	wiedge, death occum	ed at the time, d	ate and place, end due	to the cause(s) and me	nner as stated.				
<u>ك</u> ا		AT A STATE OF THE						se(s) end manner ea stated.			
3	one) 2 MEDICAL EXAMI	TETT. OTT THE BEAUTY OF EXAMINATION	1								
E COMPLET	20b. SIGNATURE AND TITLE OF CERTIF		163		29c. LICENSE NUM						
BE	2 MEDICAL EXAMI		10		D 2 0 3 S						
ш	2 MEDICAL EXAMI	IER //OA	EATH (ITEM 27) (Type	03	D2035	2 vard Road	▶ 3-2 1, Suit	26-90			
BE	29b. SIGNATURE AND TITLE OF CERTIF	WHO COMPLETED CAUSE OF D		03	D2035	52	▶ 3-2 1, Suit	26-90			
BE	29b. SIGNAFURE AND TITLE OF CERTIF  30. NAME AND ADDRESS OF PERSON V  Harvey I Ka  31. Date Filed (Month, Day, Year)	WHO COMPLETED CAUSE OF D		03	D2035	2 vard Road	▶ 3-2 1, Suit	26-90			

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Pace after death. Page 6 may be retained by the hosp TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF I	MARYLAND /		ITMENT ICATE				MENTA	AL HYGIENI REG. NO.	E		
9	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE	E OF DEATH	ν .	YEAR :	3. TIME OF DEATH
	William	Howard		Joh	nson					03/22/			1:36a M
	4. SOCIAL SECURITY NUMBER 220-16-2509	5. SEX	6. AGE (In yrs. les	t birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	MIN.	(Mon	e of BIRTH hth, Day, Year) 9/17/10	- 1	8. BIRTHPI Country)	LACE (State or Foreign
	9s. FACILITY NAME (If not institution, give s	treet and number)		9b. CITY	9b. CITY, TOWN OR LOCATION OF DEATH			9c. COUNTY OF OEATH					
TOR	5 Whittier Court								Ann	ne Ar	undel		
DIRECTOR	100 STATE 100 COUNT					v, town on Location verna Park						- 10	IOd. INSIDE CITY LIMITS?
FUNERAL	100. STREET AND NUMBER 5 Whittier Cour	t				101	, ZIP COD	211	46		-	S.A.	IAT COUNTRY?
B⊀	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	FORCES?	NAR OR DATES			If yes, sp		en, Mexicar	n, Puerto	IN? (Specify Yea Rican, atc.)	or No—	Black, Specify	- American Indian, white, atc. : White
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementery/Secondary (0-12)  College (1-4 or 5 +)  FORES					CCUPATIO during mo	ON ost of worki	ing		MD Dep			Park
	17. FATHER'S NAME (First, Middle, Lest) HOWARD BEVEN JO	hnson							ME (First,	Middle, Malden		,	
BE (	19a. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)												
5	Mrs. Helen H. J	ohnson	5	Whi	ttie	r Co	urt		S	Severna	Park	MD	21146
	20a. METHOD OF DISPOSITION 1	oval from State	20b. PLACE other pi	lace)	sition (Na emato		metery, cre	matory or		20c. LO	imore	City or Tow	
	21. SIGNATURE OF FUNERAL BERWICE U	CENSEE	/	/	22.	NAME A		uner a		495 R	itchi	e Hw	y. k MD 21146
	23. PART I. Entar tha disasses, or	complications the	at caused the di	ath. Do									Approximate
	shock, pr heart failure.  IMMEDIATE CAUSE (Final disease pr condition	List only one ca	use on aack line	<b>a.</b>				,				,	Interval Between Onset and Death
	resulting in death)		ARCIN O (OR AS A CONSE										-
NO	DUE TO (OR AS A CONSEQUENCE OF):  PHARYNGEN CARINOMA  DUE TO (OR AS A CONSEQUENCE OF):  PHARYNGEN CARINOMA  DUE TO (OR AS A CONSEQUENCE OF):												
CERTIFICATION	cause. Entar UNDERLYING CAUSE (Disease or Injury that Initiated events	c	O (OR AS A CONSE	OUENCE C	F):								
HT	resulting in death) LAST	d											
PHYSICIAN: MEDICAL C	PART II. Other algorificant conditions contributing to death but not requiring in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. W									WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1  YES 2 NO			
ä													
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		LACE OF I	DEATH (Che	eck only	one)			
ΙΧSΙ	1 TYES 2 NO		☐ ER/Outpatient :		4 🗆 Nur	sing Hon	6 ,	tesidencs		her (Specify)			
ВУ РН	2/. MANNER OF DEATH  1 Natural 5 Pending Investigation	1 Netural 5 Pending (Month, Dey, Year) INJURY WORK?  1 YES 2 NO							28d. Di	EŞCRIBE HOW I	NJURY OCC	CURED	
	3 Suicide 8 Could not be 4 Homicide determined	28s. PLACE building	OF INJURY — At the , etc. (Specify)	ome, farm,	street, tec	tory, offic				OCATION (Street a ty or Town, State)	and Number	or Rural Ro	oute Number,
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	ER: On the best of											end manner se stated.
BE	29b. SIGNATURE AND TITLE OF SERTIFIE	ed a	(M)					ENSE NUM	MBER	_ = _	29d. DATE	SIGNED (	Mopth, Day, Year)
5	30. NAME 44D ADDRESS OF PERSON W	O COMPLETED CAI	JSE OF DEATH (ITE	M 27) (TvD	e, Print)		כ ט ער	100				1	1_/

Ritchie Highway.

Arnold.

M.D., P.A. 1521
32. REGISTRAR'S SIGNATURE
Julia Savidson—Randelle

6 2

Juan

31. DATE FILED (M) 1700 PK

Pardo

1990

30

21012

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Jurs after death. Page 6 may be retained by the hospital or attending physician.

TO THE FINEFAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 8 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - STATE REGISTRAR	
1. DECEDENT'S NAME (First, George	Middle
4. SOCIAL SECURITY NUME 213-09-66	
946 Lake	Dr
RESIDENCE OF DEC	EDE
10a. STATE	10b. (
100. STREET AND NUMBER	Dr
11. MARITAL STATUS 1 Never Married 2	Marrie

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFIC	ATE O	F DEATH	REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last) George	Phillip	Jone	s, Sr	•	2. DATE OF DEATH MONTH 03/27	790 YEAR	3. TIME OF DEATH 1:30p
4. SOCIAL SECURITY NUMBER 213-09-6687	6. SEX 8. AGE (	·	UNDER 1 YEAR		7. DATE OF BIRTH	a. Birn	THPLACE (State or Foreign
9a. FACILITY NAME (If not institution, give s 946 Lake Drive	treet and number)	91	Ar no	N OR LOCATION OF DE	EATH	9c. COUNTY OF Anne	Arundel
RESIDENCE OF DECEDENT					-		
	he Arundel	10c. ATT	Old to	CATION			10d. INSIDE CITY LIMITS? 1 YES 2 NO
100. STREET AND NUMBER Drive	-			101. ZIP CODE 21	012	10g. CITIZEN OF	WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 _ YES IF YES, GIVE WAR OR D	2 -NO	If yes,	ECENDENT OF HISPAN specify Cuban, Maxica ES 2 No Specify		Bie	ce — American Indian, ack, Whita, atc. ecity: White
15. DECEDENT'S EDU		16a. DECEDENT'S US	UAL OCCUPA	TION	16b. KIND OF BUS	SINESS/INDUSTRY	
(Specify only highest grade	College (1-4 or 5+)	(Give kind of worl life. Do NOT use n Mainte	_	supervise	or Hospi	tal	
17. FATHER'S NAME (First, Middle, Last)  18. MOTHER'S NAME (First, Middle, Melden Surname)							
Spencer C. Jone	es						
19a. INFORMANT'S NAME (Type/Print) Mrs. Bertha E.	Jones	946 La			Route Number, City or Tow Ar nold		MD 21012
20e. METHOD OF DISPOSITION  1 Burlel 2 Cremetion 3 Rem  4 Donation 5 Other (Specify)	oval from State	GLen Have	ON (Name of	cemetery, cremetory or	Glei	cation — city or n Burnie	2
21. SIGNATURE OR FUNEBAL SERVICE LA	ENSEE	1		and address of fa		Ritchie everna P	Hwy. Park MD 21146
23. PART I. Efftar tha diseases, prehock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	B. DUE TO (OR AS )  DUE TO (OR AS )	A CONSEQUENCE OF):					Approximate Interval Batween Onset and Death
PERFORMED? 1 YES 2 NO DF							Ab. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 - NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		THER:	PLACE OF DEATH (C)			
1 TYES 2 THO	1 Inpetient 2 ER/Out			lome 5 Realdanca			
27. MANNERFOF DEATH  1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME (	Y	INJURY AT WORK?  YES 2 NO	28d. DEȘCRIBE HOW	INJURY OCCURED	
3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE OF INJURY building, atc. (Spe	Y — At home, ferm, etre cify)	et, factory, o	ffice	281. LOCATION (Street City or Town, State)		al Route Number,
CONSULT ONLY	ICIAN: To the best of my know ER: On the basis of examination						e(a) and manner as stated.
296. SIGNATURE AND TITLE OF CERTIFIE	R XN an	1		29c. LICENSE NU	MBER 2314	29d. DATE SIGN	24190
30. NAME AND ADDRESS OF PERSON W	1. SAm	BROS L	n D	205 R	idaly	Au 1	ANNO puljanx
31. DATE FILED MAR 30 199	32 REGISTRAR'S SIGN	MATURE MANDER			7		91901

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

after death. Page 6 may be retained	y the funeral director, page 5 noval.	cal examiner must be notifi
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with burs after death. Page 6 may be retained by the hospital or attending physician or	TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burishes having 72 hours after death with the State Deot, of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

				90 1113						
	1 - STATE OF MARYLAND / DEPAR CERTIF	TMENT OF HEALTH AND I	MENTAL HYGIENE REG. NO.							
	1. DECEDENT'S NAME (First, Middle, Last) William Jacobsen		2. DATE OF DEATH DAY	3. TIME OF DEATH						
- all	4. SOCIAL SECURITY NUMBER 8. SEX 6. AGE (In yrs. lest birthdey) 7504 - 24 - 4338 1 762 F 69 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.	7. DATE OF BIRTH	BIRTHPLACE (Stote or Foreign Country) Outh Dakota						
DR 🥌	Sa. FACILITY NAME (If not institution, give street and number)  VA HOSpital Loch Raven	96. CITY, TOWN OR LOCATION OF DE Baltimore	CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH							
FUNERAL DIRECTOR	RESIDENCE OF DECEDENT	Y, TOWN OR LOCATION	7 1 0011	10d, INSIDE CITY						
DIR		ern		LIMITS? 1 YES 2 X NO						
RAL	P.O. Box 65	101. ZIP CODE 21144	U.S.	EN OF WHAT COUNTRY?						
UNI	11. MARITAL STATUS 12. WAS DECEDENT EYER IN U.S. ARMED			4. RACE — American Indian, Black, Whita, stc.						
BY	3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES	1 TYES 2 NO Specifi		specify: White						
COMPLETED	(Specify only nignest grade completed) (Give kind of the life. Do NOT use	USUAL OCCUPATION work done during most of working se retired.)	Military	STRY						
OMP	17. FATHER'S NAME (First, Middle, Lest)	t - U.S. Army	ME (First, Middle, Malden Surname)							
BE C	Otto Jacobsen	Nellie	Walton							
5		ADDRESS (Street and Number or Rural		Code)						
	20a METHOD OF DISPOSITION 20b PLACE OF DISPOSI	Box 65, Severn.  SITION (Name of cemetery, crematory or	200 LOCATION - CI	ty or Town, State						
	1 S Burlet 2 Cremation 3 Removal from State Crownsvil 2 4 Donation 5 Other (Specify) 21, SIGNATURE OF TUMERAL SERVICIL LICENSEE	le MD Vet. Cemet		lle, A.A., MD						
	· ATTORING		al Home . S.E., Glen Bu	rnie. MD 21061						
	23. PART I. Enter the diseases, or complications that caused the daeth. Do a shock, or heart fellure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  a. Cardio pulminary of the pulminary of th	not enter the mode of dying, auc								
CERTIFICATION	Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  d.									
PHYSICIAN: MEDICAL C	DART II Other plentitions conditions contributes to death to a section to the section of the sec									
MED			1 _ YES 2 _ NO	OF DEATH?  1 YES 2 NO						
AN	25. WAS CASE REFERRED TO MEDICAL	26. PLACE OF DEATH (C)	peck galv one)							
SIC	EXAMINER?  1 YES 2 NO  HOSPITAL:  1   Inpatient 2   ER/Outpetient 3   DOA	OTHER: 4 □ Nursing Home 5 □ Rasidence								
	27. MANNER OF DEATH 28a. OATE OF INJURY 28b. TIM  Natural 5 Pending	JURY WORK?	284. DESCRIBE HOW INJURY OCCU	JRED						
р Вү	2 Accident Investigation 3 Suicide 6 Could not be 28a PLACE OF INJURY — At home, farm, building, etc. (Specify)	TO TES E NO	281. LOCATION (Street and Number of City or Town, State)	or Rural Route Number,						
ETE	4   Homicide determined		Oily of Iowil, Olalloy							
COMPLETED	29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurry one)  2 MECICAL EXAMINER: On the basis of examination and/or investigation.									
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER	29c. LICENSE NU	MBER 29d. DATE	30/90 (Wer)						
F	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (TYPOS VA HOSPITAL BALTIMOYE, M									
	31. DATE FILED (Month, Day, ) Paris Julia Duyasan Hamusay	by Kirkley								
_										

DHMH-16 Rev 1/89

HOSPITAL	HOSPITAL, OR ATTENDING PHYSICIAN: The law requires that the death certificate	PHYSICIAN: The	law red	puires tha	the	death	certificati
FUNERAL	FUNERAL DIRECTOR: After this certificate has been signed by the attending physical	this certificate h	nas been	Signed	y the	aften	ding phys

	1 - FOR STATE REGISTRAR	TATE OF MARYLAND /	DEPARTMENT OF		NENTAL HYGIEN					
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH MONTH D	-	3. TIME OF DEATH			
	NELLIE NAOMI JO  4. SOCIAL SECURITY NUMBER 5. SE	ONES  6. AGE (In yrs. lest	birthday) IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		THPLACE (State or Foreign			
		M 2 NO E	YRS. MONTHS DAYS	HOURS MIN.	(Month, Day, Year)	Cou	ntry)			
	212-16-4953	d number)	9b. CITY, TOWN	OR LOCATION OF DE	02/21/1898 ATH	9c. COUNTY OF	RYLAND			
<u>د</u>	90. FACILITY NAME (If not institution, give street and MALLARD BAY NURSING									
1 2 1	REHABILITATION CENT	NT								
DIRECTOR	10a. STATE 10b. COUNTY		10c. CITY, TOWN OR LOC				10d. INSIDE CITY LIMITS?			
	MARYLAND DORCHES	STER	XEXMERXO	XX TODD	VILLE	La errores es	1 TYES 2 NO			
FUNERAL				WHAT COUNTRY?						
	RURAL  11. MARITAL STATUS  12. W	WAS DECEDENT EVER IN U.S. ARM	IED 13. WAS DE	21672	C ORIGIN? (Specify Yes		II. S. A.			
	1 Never Married 2 Married	ORCES? 1 YES 2 X NO YES, GIVE WAR OR DATES	o If yes, s	pecify Cuben, Mexicen S 2 X NO Specify:	, Puerto Ricen, etc.)	Bio	eck, White, etc.			
84	3\\\X\\ Widowed 4 □ Divorced		""	o E gg (to openin).			TE/CAUC.			
	15. DECEDENT'S EDUCATION (Specify only highest grade comple	eted) (Giv	EDENT'S USUAL OCCUPAT wind of work done during in	ION ost of working	18b. KIND OF BU	SINESS/INDUSTRY				
9	Company of the Compan	ege (1-4 or 5+)	Do NOT use retired.)							
\≨	8th grade  17. FATHER'S NAME (First, Middle, Last)	I WO.	RKER		NE (First, Middle, Maiden	HELLFIS	H			
COMPLETED		. O.D.				Sumame)				
Mer.	WILLIAM H. WINDS  190. INFORMANT'S NAME (Type/Print)		MAILING ADDRESS (Street		E ADAMS	n State Zin Code)				
0	MRS. AVALON TODD (DA		12 MARYLAND				1613			
	20a. METHOD OF DISPOSITION	20b. PLACE C	F DISPOSITION (Name of o			CATION — City or				
	1X Burial 2 ☐ Cremation 3 ☐ Removal fro 4 ☐ Donation 5 ☐ Other (Specify)		∞) STER MEMORI	AL PARK	C.A	MBRIDGE	. MARYLAND			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	2 M00718		AND ADDRESS OF FAC	HLITY					
	> Toll Open Fthring	4-Deono	F 1 // F F 1	RAN FUNER	AL HOME CAMBRIDO	15 1 <i>m</i>	21613			
	23. PART I. Enter the diseases, or compil	ications that caused the dea	th. Do not enter the m	ode of dying, auch	aa cardiac or resp	retory errest,	Approximate			
	ahock, or heert feliure. List or IMMEDIATE CAUSE (Final	only one cause on each line.					Interval Between Onset and Death			
	discourant an appellation	Aspiration					2 minuter			
	DOE TO (OR AS A CONSEQUENCE OF):									
Z	Sequentially list conditions,  DUE TO IOR AS A CONSEQUENCE OF:									
CERTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING									
10	CAUSE (Disease or injury	DUE TO (OR AS A CONSEO	UENCE OF:							
Ē	that initiated events resulting in deeth) LAST									
CE	d									
AL.	PART II. Other aignificent conditions con		sulting in the underlyi	ng cause given in i	Part I. 24e. WAS AN PERFO		4b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO			
EDIC	Chronic Brain Tyn	drome			1 YES :	NO NO	OF DEATH?			
Σ					_		1 TYES 2 TYNO			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL		26	PLACE OF DEATH (Che	not only one)					
Sici	EXAMINER? HOS	SPITAL: Inpatient 2 ER/Outpatient 3	OTHER:	me 5 Residence						
НХ		28a. DATE OF INJURY	28b. TIME OF 28c. II	JURY AT	28d. DESCRIBE HOW	INJURY OCCURED				
	1 🔀 Natural 5 🗆 Pending	(Month, Day, Year)		YES 2 NO			1			
) BY	a District	Investigation 28s. PLACE OF INJURY — At home, farm, street, factory, office 28s. PLACE OF INJURY — At home, farm, street, fa								
	3 Suicide 6 Could not be 4 Homicide detarmined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28l. LOCATION (Street and Number or Rural Route Number, City or Town, Stele)									
TED	6 Could not be	building, etc. (Specify)								
ш	4 Homicide determined	building, etc. (Specify)  To the best of my knowledge, der	ith occurred at the lime, de	le end plece, end due	to the cause(e) end me	nner ee stated,				
ш	4   Homicide determined  29e. CERTIFIER (Check only)	building, etc. (Specify)					e(a) and manner as stated.			
E COMPLETE	4   Homicide determined  29e. CERTIFIER (Check only)	building, etc. (Specify)  To the best of my knowledge, dec	rvestigation, in my opinion	death occured at the	lima, date and place, a	nd due to the caus				
BE COMPLETE	4 Homicide Court not be determined  29e. CERTIFIER (Check only phe)  2 MEDICAL EXAMINES: On 1	building, etc. (Specify)  To the best of my knowledge, dec	rvestigation, in my opinion	death occured at the	lima, date and place, a	nd due to the caus				
E COMPLETE	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On 29b. NAME AND ADDRESS OF PERSON WHO COM	To the best of my knowledge, der the basis of examination and/or in	rvestigation, in my opinion	death occured at the	lima, date and place, a	nd due to the caus				
BE COMPLETE	29e. CERTIFIER (Check only phin)  29e. CERTIFIER (Check only phin)  2 MEDICAL EXAMINER: On 1  30. NAME AND ADDRESS OF PERSON WHO COM	building, etc. (Specify)  To the best of my knowledge, det the basis of examination and/or is supported by the basis of examination and or is supported by the basis of examination and or is supported by the basis of examination and or is supported by the basis of examination and or is supported by the basis of examination and or is supported by the basis of examination and or is supported by the basis of examination and or is supported by the basis of examination and or is supported by the basis of examination and or is supported by the basis of examination and or is supported by the basis of examination and or is supported by the basis of examination and or is supported by the basis of examination and or is supported by the basis of examination and or is supported by the basis of examination and or is supported by the basis of examination and or is supported by the basis of examination and or is supported by the basis of examination and or is supported by the basis of examination and or is supported by the basis of examin	rvestigation, in my opinion	death occured at the	lima, date and place, a	nd due to the caus				
BE COMPLETE	29e. CERTIFIER (Check only phe)  29e. CERTIFIER (Check only phe)  2 MEDICAL EXAMINES: On 1  30. NAME AND ADDRESS OF PERSON WHO COME  AMELIAN AND ADDRESS OF PERSON WHO	To the best of my knowledge, der the basis of examination and/or in	127) (Type, Print)	death occured at the	lima, date and place, a	nd due to the caus				

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within zerours after death. Page 6 may be	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page in the first property of the funeral director, page in the first property of the first property	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be in
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	FOR	074TF 0F 1		DEDA DELET	UT 05 11		4FNT41 11VOIE			
	1 - STATE REGISTRAR	SIAIE UF N		RTIFICAT			MENTAL HYGIE REG. N			
	1. DECEDENT'S NAME (First, Middle, Lest)			1			2. DATE OF DEATH		3. TIME OF DEATH	
	Robert Le	roy	Jones				MONTH	DAY Y	O 7 A M	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lesi		ER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8.	BIRTHPLACE (State or Foreign Country)	
	217-03-6332	1 X 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	75	YRS. MONTH	DAYS	HOURS MIN.	Month, Day, Year) Dec 3,1	914	Maryland	
	9a. FACILITY NAME (If not institution, give st	reet and number)			,	R LOCATION OF DE	ATH	9c. COUNTY	OF DEATH	
DIRECTOR	Mallard Bay Nu RESIDENCE OF DECEDENT	rsing H	ome			ridge		Dor	chester	
E	10a. STATE 10b. COUNTY			10c. CITY, TOW					10d. INSIDE CITY LIMITS?	
		rcheste	r	Cam	brid	~			1X YES 2 NO	
FUNERAL	401 Light St.				101	21613		US US	N OF WHAT COUNTRY?	
B≺	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 XX Divorced		T EVER IN U.S. ARI X YES 2 N IAR OR DATES		If yes, sp		IIC ORIGIN? (Specify ) n, Puerto Ricen, etc.)	as or No—	. RACE — American Indian, Bleck, White, etc. Specify: White	
品	15. DECEDENT'S EDUC (Specify only highest grade	CATION	16a. DE	CEDENT'S USUAL	OCCUPATIO	ON et of working	16b. KIND OF B	USINESS/INDUS	TRY	
삨	Elementary/Secondary (0-12)	College (1-4 or 5	+)	ve kind at work do Do NOT use retired	•					
COMPLETED	6		C	onstru	ctio	n Worke	r			
<u></u>	17. FATHER'S NAME (First, Middle, Last)						ME (First, Middle, Maide			
BE	Robert Mordic	a Jone					is Virg			
5	19a. INFORMANT'S NAME (Type/Print)  Neal C. Jones  19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code)  P.O. Box 54 Newcomb, Md. 21653									
	20g, METHOD OF DISPOSITION 1 X Buriel 2 Cremetion 3 Remo		20b. PLACE	OF DISPOSITION	(Name of cer	metery, crematory or	20c. I	OCATION — CIT	y or Town, Steta	
	4 Donation 5 Donation Donation		Md.	Vetera	ns C	emetery	Hı	rlock		
	21. SIGNATURE OF FINERAL SERVICE LIC	ENSEE							ral Home	
	I Som W)	former			700	Locust	St. Caml	oridge	, Md. 21613	
	23. PART If Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,									
	ahock, or heart fallure. List only one cause on each line.  IMMEDIATE CAUSE (Final  Onset and Death									
	disease or condition resulting in death)			C.	H.,	Failure				
	resulting in death)	DUE TO	(OR AS A CONSEC	QUENCE OF):	0	1		-		
Z	Sequentially list conditions,  Description of the season o									
CERTIFICATION	If any, leading to immediate cause, Enter UNDERLYING	DUE TO	(OR AS A CONSEC	QUENCE OF):	22	00 /				
5	CAUSE (Disease or injury	c. DUE TO	(OR AS A CONSEC	ONENCE OEI:	0/	2				
Ē	that initiated events resulting in death) LAST								1	
E		d								
AL	PART II. Other algnificant condition	a contributing to	death but not r	. ///		/		N AUTOPSY DRMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
PHYSICIAN: MEDICAL	Laplup	reema,	Hope	COR.	cera	Usean	1 YES	2 🗌 NO	COMPLETION OF CAUSE OF DEATH?	
ME									1 TYES 2 NO	
z	(50)									
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		ОТН		LACE OF DEATH (Ch	eck only one)			
YSI	1 TES 2 NO	1 Inpetient 2	ER/Outpetient 3	□ DOA   4 □ 1	Nursing Hon		8 Other (Specify)			
I	27. MANNER OF DEATH	28a. DATE Of (Month, I		28b. TIME OF INJURY	WC	JURY AT DRK? YES 2 NO	28d. DESCRIBE HON	V INJURY OCCU	RED	
	1 Netural 5 Pending 2 Accident Investigation						281, LOCATION (Stre	et and Number or	Dural Douts Number	
BY	2 Accident Investigation	28e, PLACE (	1 2 Pullet — 1 286, PLACE UP INJURY — At nome, term, erred, tectory, office 1 281, LOCATION /Street and Number or Hurst House Number							
BY	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE ( building	OF INJURY — At he , etc. (Specify)	me, izim, street,			City or Town, Ste	to)	nurai noute number,	
BY	2 Accident Investigation 3 Suicide 8 Could not be determined  29a. CERTIFIER (Check only In CERTIFYING PHYSIC)	building	etc. (Specily)	eth occurred at the	ne time, date	and place, and due	to the cause(s) and r	nanner as stated		
COMPLETED BY	2 Accident 3 Suicide 4 Homicide 8 Could not be determined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	CIAN: To the best of	etc. (Specily)	eth occurred at the	ne time, date	and place, and due	to the cause(s) and r	nanner as stated and due to the	cause(a) and menner as stated.	
BY	2 Accident Investigation 3 Suicide 8 Could not be determined  29a. CERTIFIER (Check only In CERTIFYING PHYSIC)	CIAN: To the best of	etc. (Specify)  I my knowledge, de	eth occurred at the	ne time, date	and place, and due	to the cause(s) and r	nanner as stated and due to the		

APR 02'90

31. DATE FILED (Month, Day, Year)

32. REGISTRAR'S SIGNATURE
LIKE Davidson-Randelle

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within E-frours after death. Page 6 m.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	MANAGEMENT, if how 90 is marched as them 22 shows see later as other trainmells want the marties aromines much
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1 - STATE REGISTRAR	OME OF MARIE	CERTIF	ICATE OF	DEATH	REG. NO					
1. DECEDENT'S NAME (First, Middle, Last)  Maude	Jo	hns			2. DATE OF DEATH MONTH 3	AY 90°	3. TIME OF DEATH 5:00 A			
A 1 . 1 A 2-	6. AGE (In	yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Months Day, Your)	Co	RTHPLACE (State or Foreign buntry)			
9e. FACILITY NAME (II not institution, give street  Memorial Hospita		<u>.</u>		TON		9c. COUNTY O				
RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY	een Ann		Y, TOWN OR LOCA				10d. INSIDE CITY LIMITS? 1 A YES 2 NO			
10. STREET AND NUMBER	Red 13	/		ZIP CODE 2 1 6 6	6	10g. CITIZEN	OF WHAT COUNTRY?			
11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	2. WAS DECEDENT EVER IN L FORCES? 1 VES IF YES, GIVE WAR OR DATE	2 NO	If yes, sp		IIC ORIGIN? (Specify Yen, Puerto Rican, etc.)		NACE — American Indian, Specify: KSJK			
15. DECEDENT'S EDUCA' (Specify only highest grade co	FION 1 mpleted) College (1-4 or 5+)	(Give kind of a	WSUAL OCCUPATION Work done during more retired.)	st of working	16b. KIND OF BU	SINESS/INDUSTR	ΥΥ			
17. FATHER'S NAME (First, Middle, Last)	BYO		ADDRESS /Small	Bess	ME (First, Middle, Malden	Hes	th			
BESIC N  20s. METHOD OF DISPOSITION	ickens	187	5 B	04131	Stereno	11/10 7	nd			
1 Burial 2 Cremation 3 Remove 4 Donation 8 Other (Specify)	ni from State	other place)	5 m	PCK	Sa	CATION - City of	ma			
21. SIGNATURE OF FUNERAL SERVICE LICEN	Or Cut	N.C	22. NAME A	ND ADDRESS OF FA	CILITY	,5	21666 t. md			
shock, or heart failurs. List IMMEDIATE CAUSE (Final disease or condition resulting in death)	POPUM DUE TO (OR AS A C	men	F):				Interval Betwee			
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A C									
PART II. Other algnificant conditions Ani Sarca	contributing to death but	t not resulting	In the underlyin	g cause given in	Part I. 24a. WAS AF PERFO	RMED?	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO			
25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1   YES 2   O										
27. MANNER OF DEATH  1 Natural 5 Pending 2 Acoldent Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIN	ME OF 28c. IN. M 1	URY AT DRK? YES 2 NO	28d. DEŞCRIBE HOW	INJURY OCCURE	D			
3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY - building, atc. (Specif)	– At home, farm,	street, factory, offic	•	28f. LOCATION (Street City or Town, State		ural Route Number,			
( contains	AN: To the best of my knowled On the basis of examination						use(s) and manner as stated.			
29b. Elipharume and TITLETON CENTIFIER	ne			29c. LICENSE NUI	MBER 0 3 6	29d. DATE SIG	3/90			
Gary - Drai	e Po	Bac 2		solver	com u	2165				
31. DATE FILEO (MONDEN)	32. REGISTO ARIS SIGNAT	TURE TO	d.00							

and the same and the

Maria Sanda Sanagara (Sanagara) Att

namentalism and the late of the second of th

REG. NO

2. DATE OF DEATH MONTH

permit. burial-transit inspital or attending physician. AND 21203-3146 for use as the peur BALTIMORE ours after death. Page 6 mm the funeral director filled in by 6 cremation, completely executed within BOX 13146, signed by the attending physician and con Health and Mental Hygiene prior to burial, DRECTOR: After this certificate has been signed by the attending physician hours after death with the State Dept. of Health and Mental Hygiene prior to P.O. OF VITAL RECORDS, DIVISION

FOR

1 -

STATE REGISTRAR

4. SOCIAL SECURITY NUMBER

MAR

1. DECEDENT'S NAME (First, Middle, Last)

mon

5. SEX

M 2 DF

7. DATE OF BIRTH Pages 1, 2, 3 should Do EACH ITY NAME IN not institu 96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR tor RESIDENCE 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION ENSTO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-FORCES? 1 YES 2 If yes, specify Cuban, Maxican, Puarto Rican, etc.)

1 YES 2 NO Specify: 1 Naver Married 2 Marri BY 3 Widowed 4 Divorced ETED 15. DECEDENT'S EDUCATION 16s. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade compa (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) COMPL DOOVEY 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) SON 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zio Code) ville 0 20a. METHOD OF DISPOSITION 20c. LOCATION - City of 20b. PLACE OF DISPOSITION (Name of commust 2 Cremation 3 Re Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSES examiner 22. NAME AND ADDRESS OF FACILITY 1 Qe medical 23. PART I. Enter the diseases or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, shock, or heart fellure. List only one ceuse on each **IMMEDIATE CAUSE (Final** or other traumatic event, the disease or condition recuiting in death) DUE TO (DR AS A CONSEQUENCE OF): CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST shows any injury, PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL PERFORMED? 1 | YES 2 | NO PHYSICIAN: 23 8 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) item HOSPITAL 1 TYES 2 NO nt 2 ER/Outpatient 3 DOA 5 Residence 8 Other (Specify) 6 27 MANNER OF DEATH 28a, DATE OF INJURY 26b, TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED marked, INJURY 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28a. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 3 Suicide .09 6 8 Could not be 4 Homicide 28 Item 2 Ē 29a. CERTIFIER COMPL occurred at the time, data and place, and due to the cause(a) and menner as stated. FUNERAL within 72 h TO THE FUNERAL IDENTIFY TO THE MITTER TO THE INFORTANT: If It (Church HOSPITAL 2 MEDICAL EXAMINER: On the basia of ax 29d. DATE SIGNEO (Month, Day, Year) 29h SIGNATURE AND TITLE OF CERTIFIEF 29c. LICENSE NUMBER BE 포포를 2 OU. NAME IND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 32. REGISTRAR'S SIGNATURE PANDALL 31. DATE FILED (Month, Day, Year) 90

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

IF UNDER 1 YEAR

DAYS

IF UNDER 24 HRS.

MIN.

HOURS

02

8. AGE (In yrs. last birthday)

90 11138

3. TIME OF DEATH 40

10d. INSIDE CITY LIMITS?

14. RACE — American Indian, Black, White, etc.

300

1 YES 2 NO

BIK

Son

Approximete

-41

WERE AUTOPSY FINDINGS

AVAILABLE PRIOR TO COMPLETION OF CAUSE

OF DEATH? 1 | YES 2 | NO

Interval Between

Onset and Death

1204

07724

8. BIRTHPLACE (State or Foreign

TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNEFAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2-3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF M			TMENT					HYGIEN REG. NO.				
	1. OECEDENT'S NAME (First, Middle, Last)			_					2. DATE OF	OEATH			3. TIME OF DEATH	
	Frederic	ck	W.	K	rick	baum	, Sr		MONTH 4-2	-90 <sup>™</sup>	ΙΥ	YEAR	8:58AM	М
			6. AGE (In yrs. last		IF UNDER		IF UNDER		7. DATE OF	BIRTH		8. BIRTI	PLACE (State or Foreign	n
2		<b>X</b> M 2 □ F	66	YRS.	MONTHS	DAYS	HOURS	MIN.	03	22	24	VI	RGINIA	
O.B.	90. FACILITY NAME (If not institution, give street North Arundel Hos				9b. CITY,		n Bu					e Ar	cundel Cou	ints
5	RESIDENCE OF DECEDENT			11111							•			
DIRECTOR	MARYLAND ANNE	E ARUN	DEL	10c. CIT	y, town o		BUR	NIE					10d. INSIDE CITY LIMITS? 1 YES 2 NO	
FUNERAL	100. STREET AND NUMBER 426 BURWOOD AVEN	NUE				101.	ZIP CODE	106	1		10g. CIT		what country?	
BY FUN	11. MARITAL STATUS  1		YES 2 N			f yes, spe		n, Mexica	IC ORIGIN? ( n, Puerto Ric		or No—		E — Americen Indien, k, White, atc.	
	15. DECEDENT'S EDUCATION	<u> </u>			USUAL O	CHPATIO	M		16b K	IND OF BUS	SINESS/INI	USTRY		_
COMPLETED	(Specify only highest grade com		(Gi	ve kind of a Do NOT us	work done (	during mos	nt of workin	g		SHIP			IG.	
M			101	TTE	LII	1171/						717 717		
BE CO	17. FATHER'S NAME (First, Middle, Leet) FREDERICK L. KRI	ICKBAU	M						ME (First, Mid		,			
5	190. INFORMANT'S NAME (Type/Print) FREDERICK W. KRI	ICKBAU							GLE				21061	
	209. METHOD OF OISPOSITION 143 Burlel 2 Cremation 3 Removal 4 Donation 5 Other Specify	I from State	20b. PLACE of the ple	OF DISPO	SITION (No	me of cent	otery, crem	natory or			CATION —			
	21. SIGNATURE OF PUNEAU SERVICE LICENS	J. Ko	ufm	un	R	AYM	D ADDRES	C.	FINK	FUN .W.G	ERAI LEN	L HC	ME 2106:	1
	23. PART i. Enter the diseases of comshock, or heart fellow. List IMMEDIATE CAUSE (Finei disease or condition resulting in death)	Arterio	se on each line	ic c	ardi	ovas	cula	r di	.sease				Approximate interval Betwoonset end D by thorac	veen eath
NOI	Sequentially list conditions, if any, leading to immediate	DUE TO	OR AS A CONSEC	UENCE O	F):									
FICAT	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO	OR AS A CONSEC	UENCE O	F):									
CERTIFICATION	resulting in death) LAST													
PHYSICIAN: MEDICAL	PART II. Other significent conditions of Lobar pneumonia	ontributing to	death but not r	esuiting	in the ur	derlying	ceuse (	given in		PERFOR	RMED?	24	b. WERE AUTOPSY FINDI AWAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?  XXXXXES 2 \( \text{\text{\text{NO}}} \) NO	SE
A	25. WAS CASE REFERRED TO MEDICAL					26 DI	ACE OF D	EATH (C)	eck only one)		-			
SICI		IOSPITAL:	ER/Outpatient 3	□ DOA	OTHE	<b>a</b> :			6 Other (					
	27. MANNER OF DEATH  1 Netural 5 Pending investigation	28b. TIA 8:5	ME OF JURY 8AM		URY AT RK?	. NO		nue now i			ruck impac	ct		
red BY	XXX Accident investigation  3 Suicida S Could not be determined	me, farm, Roa	street, fec					Route Number,						
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAL EXAMINER: C	1,000-000-00							AL UNC	e(e) end ma	DUNEY	ned.	aryland	d.
BE CC	290. SIGNATURE AND TITLE OF CENTIFIER	e Ula	, LL					ENSE NUI			29d. DA		D (Month, Dey, Year)	

**OCME** 

29d. DATE SIGNED (Month, Day, Year) 4-3-90

MARGARITA Α. KORELL, MD

2

111 Penn Street, Baltimore, MD 21201

32. REGISTRAR'S SIGNATURE

VC

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95 500

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2.45

1.5

DHMH-16 Rev 1/89

untal or attending physician. 4D 21203-3146

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within are after death. Page 6 in TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	1 - FOR STATE REGIS
	1. DECEDEN
	4. SOCIAL S
	99. FACILITY
	PRINCE RESIDEN 100. STATE
	M T
	635 11. MARITAL
	1 Never I
	Elements
ı	5 th

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	ICATE OF DEATH	REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)		2. DATE OF DEATH MONTH DA	Y YEAF	3. TIME OF DEATH			
	BERTHA L. KING		04 03		5:30 A M			
	4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. lest birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)					
	230-94-2664 10 M2 8F 95 YRS.	MONTHS DAYS HOURS MIN.	SerTember		rginia			
	9e. FACILITY NAME (If not institution, give street end number)	9b. CITY, TOWN OR LOCATION OF DE		9c. COUNTY O				
8	PRINCE GEORGE'S HOSPITAL CENTER	CHEVERLY		PRINCE	GEORGE'S			
DIRECTOR	RESIDENCE OF DECEDENT							
H		Y, TOWN OR LOCATION	20120		10d. INSIDE CITY LIMITS?			
	MD. PRINCE GEORGE CO	mar m	ANOR		1 YES 2 NO			
¥	10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY?							
i i	635-35 Th. ST.			us	H			
FUNERAL	11. MARITAL STATUS  12. WAS DECEDENT EYER IN U.S. ARMED FORCES? 1 YES 2 DK NO	13. WAS DECENDENT OF HISPAN If yes, specify Cuben, Mexica			ACE — Americen Indien, lack, White, etc.			
ВУ	1 Never Merried 2 Merried  3 Wildowed 4 Divorced  1 VES 2 NO  IF YES, GIVE WAR OR DATES	1 TES 2 NO Specify			pecify: Ology			
			Birth Commission		DLITCH			
COMPLETED	(Specify only highest grade completed) (Give kind of the	USUAL OCCUPATION work done during most of working	16b. KIND OF BUS	INESS/INDUSTR	Y			
쁘	Elementary/Secondary (0-12)  Stharade  College (1-4 or 5+)  RETIRE	11						
×								
8	PHIL RICHARDSON	CORN	ME (First, Middle, Maiden :	Surname)	SON			
出								
P		ADDRESS (Street and Number or Rural I	Route Number, City or Town	n, State, Zip Code)				
		5 - 35 th	51.					
•		SITION (Name of cemetery, crematory or		CATION — City or				
	1 Surfei 2 Gremation 3 Removal from State  RISING  21. SIGNATURE OF FUNERAL SERVICE LICENSEE	SUNCEMET		NERA	L, VA,			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	22. NAME AND ADDRESS OF FA			/			
	(handler)	SOHN Iho	MPSON	Fund	ERAL Home			
	23. PART i. Enter the diseeses, or complications that caused the death. Do n	not anter the mode of dying, suc	h aa cerdiac or reepi	ratory arrest,	Approximata			
	ahock, or heert fellure. List only one cause on each line.  IMMEDIATE CAUSE (Finel				Interval Between Onset and Death			
	disease or condition				20011 17 00 00			
	resulting in deeth)  a.  DUE TO (OR AS CONSEQUENCE OF	F): /	•					
2	Alzhoir	nes des	0000					
2	Sequentially list conditions, if any, leading to immediate	F):	1 0					
CERTIFICATION	couse. Enter UNDERLYING	al Vaseu	las de	escar	0			
Ē	CAUSE (Disease or injury thet initiated events DUE TO (OR AS A CONSEQUENCE OF	F):						
F	resulting in death) LAST							
	PART II. Other aignificant conditions contributing to death but not resulting	In the underlying series along to	Book I. Jan. Was all		24b. WERE AUTOPSY FINDINGS			
EDICAL	PART II. Other algumeant containing to death but not resulting	in the underlying couse given in	Part I. 24s. WAS AN PERFOR		AMAILABLE PRIOR TO			
ă			1 YES 2	□ NO	OF DEATH?			
ME			_		1 TES 2 NO			
ž								
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	26. PLACE OF OEATH (Ch	eck only one)					
PHYSICIAN:	1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA	4 - Nursing Home 5 - Residence	5 Other (Specify)					
F	27. MANNER OF DEATH  25e. DATE OF INJURY (Month, Dey, Yeer)  28b. TIM IN.	JURY WORK?	25d. DESCRIBE HOW II	NJURY OCCURED				
BY	2 Accident investigation	M 1 YES 2 NO						
ED	3 Suicide 5 Could not be 25e. PLACE OF INJURY — Al home, farm, building, etc. (Specify)	atreet, fectory, affice	25f. LOCATION (Street a City or Town, State)	and Number or Ru	ral Route Number,			
H	4 Homicide determined							
COMPLET	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurr	ed at the time, date and place, end due	to the cause(e) end men	ner as stated.				
OM	one) 2 MEDICAL EXAMINER: On the besis of examination end/or investigation	on, in my epinion, death occured at the	lime, date end place, en	d due lo lhe cau	se(a) and menner ee stated.			
	296. SIGNATURE AND TITLE OF CERTIFIER	29c. LICENSE NUI	ABER	29d. DATE SIGN	NED (Month, Day, Year)			
BE	SCOUR			D 24.	3.0/4			
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE (OF DEATH (ITEM 27) (Type	, Print)		/	-			
	- CONT.							
	31. ÖATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE	-						
	APR 03 '90 de Maile 10				1			
	CM/In / A VIII CM/In / A VIII O A A							

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after this certificate has been signed by the attending physician and completely filled in by in the TIP. In the Within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remove IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical mental statements.
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•	- STATE REGISTRAR	CERTIFIC	ATE OF	DEATH	REG. I	NO.				
į	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH			3. TIME OF DEATH		
	Catherine L. Krueger				MONTH 3	22-	95	3 10		
		In yrs. last Birthday) [ F	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH			IPLACE (State or Foreign		
	579-84-7391 1□M2∏F	84 YRS. MO	NTHS DAYS	HOURS MIN.	AUG 13,		Mini	nesota		
IOR	90. FACILITY NAME (If not institution, give street and number) WILSON HEALTH CAPE CEN	ter 9t	GATHA	ersbur	ATH C	9c. CO	onte			
2	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNTY	10c, CITY, T	OWN OR LOCAT	ION	/	-		10d. INSIDE CITY		
DIRECTOR	Maryland Montgomery		ville					LIMITS? 1 TYES 2 THE NO		
A	10e. STREET AND NUMBER		101	ZIP CODE		10g. C	TIZEN OF	WHAT COUNTRY?		
띮	12015 Galena Road			20852		Un	ited	States		
BY FUNERAL	11. MARITAL STATUS  1 Never Married 2 Merried  3 Wildowed 4 Divorced  12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DI	2 NO	If yes, spi		IIC ORIGIN? (Specify n, Puerto Ricen, etc.)		14. RACI Biec Spec	E — American Indien, k, White, atc.		
	15. DECEDENT'S EDUCATION	16a. DECEDENT'S US	UAL OCCUPATION	N .	16b, KIND OF	BUSINESS/II	NDUSTRY	WILLEC		
	(Specify only highest grade completed)  Elementary/Secondary (0-12) College (1-4 or 5 +)	(Give kind of work life. Do NOT use re	done during mos stired.)	st of working	1211/2014/01/201					
COMPLETED	4	Homemak	er		Hom	e				
0	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NA	ME (First, Middle, Mal		)			
BE C	James H. Leary			Mollie	Scanlon					
	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING AD	DRESS (Street e		Route Number, City or	Town, State, J	Zip Code)			
임	Mary Louise Jones	12015	Galena	Rd. Rock	ville, M	D 208	52			
	20e, METHOD OF DISPOSITION 1 Notice 2 Comments of the Comment of t	o. PLACE OF DISPOSITI				LOCATION -		own, State		
	4 Departion 5 Other (Specify)	Gate of He	eaven C	emetery	S	ilver	Spri	ing, MD		
	21. SIGNATURE OF PUBLICAL SERVICE LICENSER		22. NAME AN		O East D	1 Fun eer P	eral ark D	Home Prive		
-	23. PART i. Enter the biseases, or complications that caused				aithersb					
	shock, or heart feiture. Liet only one cause on e  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  DUE TO (OR AS A	ech ilne.		ae or aying, suc	n an cerdiec or re	eapiratory a	irreet,	Approximate interval Between Oneet and Death  Days		
CERTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury  CAUSE (Disease or Injury)									
ERTIFI	that initiated events resulting in death) LAST	A CONSEQUENCE OF):								
198	PART II. Other aignificent conditions contributing to death b	out not reculting in t	the underlying	cause given in		AN AUTOPS	Y 246	b. WERE AUTOPSY FINDINGS		
MEDICAL	Iron defecting premia	Sugarentic	inten To	chycondia		FORMED?		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
AN	25. WAS CASE REFERRED TO MEDICAL			105 05 05 15 10 10						
Sic	EXAMINER?  1 YES 2 NO HOSPITAL: 1   Inpetient 2   ER/Outs		TWER:	ACE OF DEATH (Ch	6 Cother (Specify)					
PHYSICIAN: ME	27. MANNER OF DEATH  1 Netural 5 Pending  260. DATE OF INJURY (Month, Day, Year)	26b. TIME C	OF 28c. INJ		28d. DESCRIBE HO	W INJURY (	CCURED			
BY	2 Accident Investigation 3 Suicide 6 Could not ba 28e. PLACE OF INJURY building, etc. (Spe.	f — At home, farm, stre		/ES 2 NO	281. LOCATION (Str. City or Town S	reet end Numi	ber or Rural	Route Number,		
EE	4 Homicide datermined					,				
OMPL	29e. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my know one)  2 MEDICAL EXAMINER: On the basic of examination							(e) and manner as stated.		
8	29b. SIGNATURE AND TITLE OF CRITIFIER  Byll D. Johnson M.L.	2		29c. LICENSE NUI	MBER 42	29d. D	TE SIGNE	O (Month, Day, Year)		
É	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DE BYRL O. JOHNSON 911	RUSSELL DV	int) 'CANE	6 a ither	Lury, md	2087	9			
	31. DATE FLED (MORTH, Don 990 32 REGISTRAP'S SIGN File Davidson	NATURE Nandale								
TO BE COMPLETED	4 Homicide datermined  29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my know one) 2 MEDICAL EXAMINER: On the basic of examination  29b. SIGNATURE AND TITLE OF CERTIFIER  30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DE BYRL 0. JOHNSTON CII  31. DATE FILED. (Month. Days Medic)  32. REGISTRAR'S SIGN	in end/or investigation,  in end/or investigation,  AATH (ITEM 27) (Type, Pr.  CUSSELL DV	in my opinion, d	eath occured at the	time, date end plece	manner as	to	to the cause		

3. TIME OF DEATH

permit. Pages 1, 2, 3 should

or attending physician.

hospital

RYLAND 21203-3146

BOX 13146,

o

م the death

DIVISION OF VITAL RECORDS,

certificate be

DIRECTOR

FUNERAL

BY

COMPLETED

BE

2

event. traumatic CERTIFICATION other 1 0 injury, MEDICAL amy PHYSICIAN: 23 Item 0 marked. BY 64 ETED 28 item COMPL

has b WB

OR ATTENDING PHYSICIAN: The I DIRECTOR: After this certificate ha hours after death with the State DV

									MONTH II	AY	YEAR	
Cornel		Prange	Kilb						March 28,	199	0	4:50 P M
4. SOCIAL SECURITY NUM	BER	5. SEX	8. AGE (In yrs. la	" F	IF UNDER 1 Y		IF UNDER		7. DATE OF BIRTH (Month, Day, Year)		8. BIRT	HPLACE (State or Foreign
577 16 906	1 .	1 - M 2 XF	81	YRS.	MONTHS D	AYS	HOURS	MIN.	Oct.23,19	108		souri
9e. FACILITY NAME (If not in		street and number)	-		9b. CITY, TO	OWN OF	LOCATI	ON OF D		1	UNTY OF	
										50.00	01177 01 1	JEAN!!
Shady Grove		entist Nu	rsing Ce	enter	F	Rock	vil	le			Mont	qomery
10e. STATE	10b. COUNT	TY		100 CITY	TOWN OR	LOCATIO	ON					10d. INSIDE CITY
												LIMITS?
Maryland	Mont	gomery		Si	lver	Spr	ing					1 YES 2 NO
10e. STREET AND NUMBER						10t.	ZIP COD	E		10g. Cl	TIZEN OF	WHAT COUNTRY?
3501 S. Lei	sure W	World Blv	d. 2-B				20	906		Uni	ted	States
11. MARITAL STATUS			T EVER IN U.S. A						NIC ORIGIN? (Specify Ye	a or No-	14. RAC	E — American Indian,
1 Never Merried 2			MAR OR DATES	Mo				n, Mexica Specif	in, Puerto Rican, etc.)		Spec	ck, White, etc.
3 Widowed 4 Div	orced							9,000	,			White
	EDENT'S ED			ECEDENT'S U				200	16b. KIND OF BU	SINESS/IN	OUSTRY	
Elementary/Secondary (		College (1-4 or 5	- in	o. Do NOT use	retired.)	ary most	0. 110111					
-		2		Home	maker					Own	Home	
17. FATHER'S NAME (First, A	fiddle, Last)						18. MOT	HER'S NA	ME (First, Middle, Malder			
Christia			2									
	_			inge				meli				hafer
19e. INFORMANT'S NAME (	Type/Print)		19	b. MAILING	ADDRESS (S	Street en	d Numbe	r or Rural	Route Number, City or Tov	vn, State, Z	(ip Code)	
Deborah Su	e Stea	rs	1	2617	Finge	rbo	ard	Roa	d, Monrovi	a, M	arvl	and 21770
20e. METHOD OF DISPOSIT		moval from State		OF DISPOSI								own, State
4 Donation 5 DOthe	r (Specify)	41.11.12	Rock	Cree	k Cem	ete	rv		Wa	shin	aton	D.C.
21. SIGNATURE OF FUNERA	AL SERVICE L	ICENSEE			22. NA	ME AND	ADDRE	SS OF FA	CILITY Robert	Α.	Pump	hrev Funeral
11/	1 7	1		0.000	Hom	ie/B	eth	esda	-Chevy Cha	se,	Inc.	7557
May	12.1	Many	MO	0689	Wis	con	sin	Ave	., Bethesd	a,Md	. 20	814-3501
23. PART Manual e d	liseeses, or leart failure	complications the	at caused the duse on sech lin	eath. Do no	ot enter th	e mod	e of dy	ing, suc	h aa cardlac or resp	iratory a	rrest,	Approximete Interval Between
IMMEDIATE CAUSE (FI		ıA.			- 1	2	_					Onset and Death
disease or condition	<b>—</b>	1/2	unsta	tue"	Col	5	4	end	in			years
resulting in death)	-	a. DUF TO	OR AS A CONSE									Jan 1
		236 10	(	LI CHOC OF								
Sequentially list condit	ilons.	b	IOR AS A CONSE									
,		DUIF TO	KING AS A CYMCE	CHENCE OF	1.							

If eny, leading to immediate cause. Enter UNDERLYING CAUSE (Diacesa or Injury that initiated events reaulting in desth) LAST

4 Homicide

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

DUE TO (OR AS A CONSEQUENCE OF):

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

2. DATE OF DEATH

PART II. Other algnificant conditions contributing to deeth but not recuiting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH? 1 TYES 2 X NO 1 | YES 2 | NO

25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA ne 5 🗆 Residence 6 🗆 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO 2 Accident 3 Sulcide 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be

1 CERTIFYING PHYSICIAN: To the beet of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner on stated.

2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, date and place, end due to the cause(e) and manu 29b. SIGNATURE 29c. LICENSE NUMBER

04 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Ne 1926

APR 02 '90 32. REGISTRAR'S SIGNATURE Fulia Davidson Gandoll

determined

TO THE HOSPITAL (
TO THE FUNERAL D
BE filed within 72 h
IMPORTANT: If II THE HOSPITAL ITHE FUNERAL ITHE MITHIN 72 h HOSPITAL

BE

0

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1. DECEDENT'S NAME (First,	Middle, Last)									2. DATE OF				3. TIME OF DEATH
]	ELIZAB	ETH KIZ	LER							MARCH	30,		990	1:56 PM M
4, SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) if UNDER 1 YEAR if UNDER 24 HR								7. DATE OF I	7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State of Country)			HPLACE (State or Foreign		
466-78-2351		1 M 2 K F	91		YRS.	THIS C	DAYS	HOURS	MIN.	Oct.		1898	Kan	sas
9e. FACILITY NAME (If not in:	stitution, give st	reet and number)			9b	CITY, T	OWN O	R LOCATIO	ON OF DE	EATH		9c. COU	NTY OF D	DEATH
Rockville Nu		Home					R	ockv.	ille			Мо	ntgo	mery
10e. STATE	10b, COUNTY	,		Т	10c. CITY, TO	OWN OR	LOCAT	ION						10d, INSIDE CITY
Maryland	Monte	gomery			R	ocky	vil	le						LIMITS?
10e. STREET AND NUMBER							101	ZIP CODI	Ē			10g. CIT	IZEN OF 1	WHAT COUNTRY?
402 Ritchie	e Park	way						208	52				U.S.	Α.
11. MARITAL STATUS		12. WAS DECEDEN FORCES? 1								NIC ORIGIN? (S		or No-		E — American Indien, k, While, atc.
1 Never Merried 2 3 3 Widowed 4 Divo		IF YES, GIVE V	WAR OR DA	ATES				2 X X10			n, etc.)		Spec	offy:
7171	EDENT'S EDUC	CATION		40. DEOF	DENT'S USL									White
(Specify only	highest grade	completed)		(G/ve	kind of work	done dur			g	16b. KIP	ID OF BUS	SINESS/INI	DUSTRY	
Elementery/Secondery (0	-12)	College (1-4 or 5	+)		Home	make	a۳					Own	home	
17. FATHER'S NAME (First, MI	iddle, Last)				1101110	1110/2		18, MOTI	IER'S NA	ME (First, Midd			TOILE	
Willis	V	ictor		Cha	pin					anor			To	rbert
19e. INFORMANT'S NAME (7)	ivpe/Print)				-	DRESS (S	Street a	nd Number		Route Number,	City or Town	n, State, Zij	Code)	28139
John W. Kiz	zler			10	6 Far	way	Dr	ive,	Rut	herfor	dton	, No	rth	Carolina
20e. METHOD OF DISPOSITI	ION Barrie	mumil dancer Charles	20b		DISPOSITIO						_	CATION —		
4 Donellon 5 Other		oval from State	1		on Na	tion	nal	Cem	eter	У		Hous	ton,	Texas
21. SIGNATION OF FUNERAL			0			22. NA	ME AN	D ADDRE	SS OF FA	CILITY	Fun	eral	Hom	e gomery
bery		2. Dans	لارچ	₩005	22	Ro	ock	vill	e, I	nc. 3	OO W	est	Mont	gomery 0850-2805
23. PART I. Enter the di	aeasea, or o	complications that	at caused	the deat	h. Do not									Approximats
shock, or he IMMEDIATE CAUSE (Fin		Liat only one cer	use on e											Interval Between Onset and Deeth
disease or condition resulting in deeth)	<b>→</b>		-	282	かいて	1	0	Own	EN	mos	MA			2 DAY
resulting in Gee(ii)		DUE TO	OR AS A	CONSEQU								-		132.17)
Sequentially list conditi	lone T	b												
if any, leading to imme-	diate	DUE TO	(OR AS A	CONSEOU	ENCE OF):									
CAUSE (Disesse or inju		c	(OB AS A	CONSEOU	ENCE OF									
that initiated events resulting in death) LAS	т	502 10	א פא ווטן א	CONSEGU	ENOL OF J.									į
		d												
PART II. Other significa	nt condition			.79					given in	Part i. 24	A. WAS AN		241	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
		totes	786	des	The 1	re	218	-0	7 Sea	E	YES 2	TNO		COMPLETION OF CAUSE OF DEATH?
														1 YES 2 NO
25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:			100	THER:	26. PL	ACE OF D	EATH (Ch	eck only one)				
1 YES 2 NO		1 Inpatient 2			DOA 41	Nursin			sidence	6 Other (S)				
27. MANNER OF DEATH	Pending	26e. DATE Of (Month, L	Pay, Year)		26b. TIME OF	2	WO	HK?	7	28d. DESCR	BE HOW I	NJURY OC	CURED	
2 Accident	Investigation	28e. PLACE (	OE IN ILION	/ Al hom	a danna atao	A footon	1   1		NO	200 1 000710	NA (Dans - 1			
	Could not be determined	building	, atc. (Spec	cify)	w, marris, scree	rt, ractor	y, orne			City or T	own, State)	ena ivumbe	r or Hunei	Route Number,
29e. CERTIFIER							1							
(Check only		CIAN: To the best o												
			-ABRITIST(O)	- enu/or in	reatigation, li	my opli	nion, d				piece, en			e) end menner ee stated.
296, SIGNATURE AND TITLE	OF CERTIFIES	61 Q	07		1. 1			29c. LICI	ENSE NUI	MBER	,	29d. DA	E SIGNE	(Month, Day, Year)
~~	Buch	0 -0 -0	1.0	2/	121			Di	25	0/			3-3	070
30. NAME AND ADDRESS OF	PERSON WH	O COMPLETED CAU	SEVOF DE	ATH (ITEM	27) (Type, Pri	n)	0/1	200	200	10 0	50	2.57	500	202000
DIE ME	NV.	N= 185	1	7.0 -	6	117	W	7/X	JW	WY, I	1	165	4	1180011
21 DATE EILED Wants David	Mosel	20-0501070	Aprile areas	ATUDE					-	-				, ,
ADD 02 O	Year)	Julia Da	AR'S SIGN	ATURE	00				-					

DHMH-18 Ray 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Jurs after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
---	---	---	--	--

	1 - FOR STATE OF MARYL REGISTRAR	AND / DEPARTMENT CERTIFICATE		IENTAL HYGIENE REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Last) John			2. DATE OF DEATH DAY	year 3. TIME OF DEATH
	Hiram	KNTCELY			1990 11:58 a M
1200	4. SOCIAL SECURITY NUMBER $230-36-2149$ 5. SEX $_{1}$ M $_{2}$ $_{\Box}$ F 6. AGE	(In yrs. last birthday) IF UNDER MONTHS	1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. Date of Birth  June 6, 1931	BIRTHPLACE (State or Foreign Country) Hummelstown, Pa.
R	9a. FACILITY NAME (if not institution, give street and number) Doctor's Hospital		nham		ounty of DEATH .nce George's
5	RESIDENCE OF DECEDENT				
DIRECTOR	10a, STATE 10b, COUNTY	10c. CITY, TOWN O	OR LOCATION		10d. INSIDE CITY LIMITS?
	Maryland   Prince George's	Hyattsv			1- YES 2 NO
3AI	10e. STREET AND NUMBER		101. ZIP CODE	10g. (	CITIZEN OF WHAT COUNTRY?
FUNERAL	6802 23rd Avenue		20782		U.S.A.
5	11. MARITAL STATUS  12. WAS DECEDENT EVER I FORCES? 1 YES	2 & NO	il yes, specify Cuban, Maxican		- 14. RACE — American Indian, Black, White, atc.
BY	3 Widowed 4 Divorced IF YES, GIVE WAR OR D	ATES	I TES 2 A NO Specify:		Specify: White
Q:	15. DECEDENT'S EDUCATION	16a. DECEDENT'S USUAL OF		16b. KIND OF BUSINESS/	INDUSTRY
	(Specify only highest grade completed)  Elementary/Secondary (0-12) College (1-4 or 5 +)	(Give kind of work done of life. Do NOT use retired.)			
Ā	Elementary/Secondary (0-12) 12th Grade None	Parts Mana	ager	Car Dealer	ship
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)			IE (First, Middla, Maiden Sumame	•)
BE (	Robert L. Knicely		Uldene H	lannamaker	
2	190. INFORMANT'S NAME (Type/Print) Frances L. Knicely (Wife)			oute Number, City or Town, State,	
				sville, Mary	
	20e. METHOD OF DIMOSITION 1 X Burlei 2 Crumetion 3 Removal from State	ort Lincoln (Na	me of cemetery, cremetory or		- City or Town, State
	4 Donation \$ ( ) Other (Specify)	OLC LINCOIN (	NAME AND ADDRESS OF FAC	Brencw	ood, Maryland
	Mail M Bal	Fi	rancis Gasch	s Sons Funer	al Home, P.A.
	1 lank of lawling	4	739 Baltimore	Ave. Hyatts	ville, Md. 20781
	23. PART I. Enter the diseases, or complications that csuse on a specific process of the complex control of the complex control of the complex control of the complex control of the contr	d the death. Do not enter each line.	the mode of dying, auch	as cardiac or respiretory	arrest, Approximste Interval Between
	IMMEDIATE CAUSE (Final disease or condition	· MY	9	~	Onset and Deeth
	resulting in death)	MAN X	W.C.	()	1
	- 0	the theoli	the Luca	or squell	my -
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate	CONSEQUENCE OF	my type	Je, depens	CCCO
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	cause. Enter UNDERLYING	UN DER	al fail	wee I-	
画	CAUSE (Disease or injury that initiated events	A CONSEQUENCE OF		1	
	resulting in death) LAST				
AL C	PART II. Other significent conditions contributing to death I	out not resulting in the ur	nderlying cause given in I	Part I. 24s. WAS AN AUTOP	
				PERFORMED?  1  YES 2 NO	AVAILABLE PRIOR TO COMPLETION OF CAUSE
율				_   '   '   '   '   '   '   '   '   '	DF DEATH?
2 7				- 1	10 197 2 0 197
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		28. PLACE OF OEATH (Che	ck only one)	
Sic	1 YES 2 NO HOSPITAL: 1 inpatient 2 ER/Out	petient 3 DOA 4 Nur	R: sing Home 5 🗆 Residence (	B ☐ Other (Specify)	
Ŧ	27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	26c. INJURY AT WORK?	28d. DESCRIBE HOW INJURY	OCCURED
BY	1 Natural 5 Pending 2 Accident Investigation	М	1 YES 2 NO		
ED	3 Suicide a Could not be 4 Homicide a Could not be	f — At home, farm, street, fact colly)	lory, office	28i. LOCATION (Street and Num City or Town, State)	nber or Rural Route Number,
E					
COMPLET	29a. CERTIFIER (Check only)	death occurred at the t	lime, date and place, and due	to the cause(a) and menner as	stated.
ŏ	2 September Of the Base of September	in and investigation, in my o	opipion, death occured at the	time, data and place, and due t	to the cause(s) and menner as stated.
BE (	29h. BIGNATURE AND STYLE DE CENTIFIER	01.1100/	THE LICENSE NUM	BER 28d. (	DATE BIONED MONTH, CAN 1641)
0	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAME OF D	- HUNCONY/	12/16	787/	4/2/40
	William D. Rosson, M.D.		enue, New Ca	rrollton, Man	ryland 20785
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGN	NATURE		/	-,-414 20103
	APR 05 90 Julia Davidson-Res	da 00			

TO BE COMPLETED BY FUNERAL DIRECTOR

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DIVISION OF VITAL RECORDS, F.O. BOA 13146,	=	ele	E	Ħ.	1
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	Ē	E	#	4	П
_	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremati	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, t	

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

FOR STATE REGISTRAR	STATE OF MARYL		ENT OF HEALTH AND	MENTAL HYG		
1. DECEDENT'S NAME (First, Middle, La.	st) Daniel			2. DATE OF DEAT	ΓN	3. TIME OF DEATN
Wil	lliam Keeler	Sr.		03/25		1.55 P M
. SOCIAL SECURITY NUMBER		(In yrs. last birthday) IF UI	OER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRT (Month, Day, Ye	N 6	BIRTNPLACE (State or Foreign Country)
579-16-2991	1 🖁 M 2 □ F 72	YRS. MONT	HB DAYS HOURS MIN.	03 11	10	t. Royal Virgin
a. FACILITY NAME (If not institution, gi	re street and number)	9b. (	CITY, TOWN OR LOCATION OF	DEATN		Y OF DEATN
outhern Maryl			linton, MD		Prir	ce George's
De. STATE 10b. COU		10c. CITY, TOV	VN OR LOCATION			10d. INSIDE CITY LIMITS?
	arles	Waldo	rf			1 YES 2 NO
e. STREET AND NUMBER			101. ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?
t 5 Box 294-A			20601		U.S.	.A.
MARITAL STATUS	12. WAS DECEDENT EVER I	N U.S. ARMED	13. WAS DECENDENT OF NISP If yes, specify Cuben, Mexi			4. RACE — American Indien, Black, While, atc.
Never Merried 2 X Merried     Widowed 4 □ Divorced	IF YES, GIVE WAR OR D		1 YES 2 NO Spec			Specify:
						Caucasian
15. DECEDENT'S E (Specify only highest gr	DUCATION ade completed)	16e. DECEDENT'S USUA (Give kind of work of	AL OCCUPATION one during most of working ad.)	16b, KIND O	F BUSINESS/INDU	STRY
Elementary/Secondery (0-12)	College (1-4 or 5+)	ille. Do NOT use retin	9đ.)			
11th	N/A	Cab Drive			sportati	ion
FATHER'S NAME (First, Middle, Last)			18, MOTNER'S	IAME (First, Middle, M	elden Sumame)	
Vance Keeler				ce McIntu		
e. INFORMANT'S NAME (Type/Print)		196. MAILINO ADDI	RESS (Street end Number or Run	I Route Number, City of	or Town, State, Zip C	(ode)
Lillian L. Keel	er	Same as	10 A-F			
A METNOD OF DISPOSITION A Burlal 2 Cremation 3 R	amount from State	b. PLACE OF DISPOSITION other place)	(Name of cemetery, cremetory o	20	c. LOCATION CI	ty or Town, State
☐ Donation 5 ☐ Other (Specify) _			ial Gardens	TA	aldorf	Maryland
SIGNATURE OF FUNERAL SERVICE	LICENSEE	1	22. NAME AND ADDRESS OF	FACILITY LEE	Funera.	Home, Inc.
· 4 -	0 6		6633 Old Alex	kander Fe	rry Rd (	Clinton, Md 20'
Suammo	0 Da					
3. PART I. Enter the disease,	or complications that cause re. List only one cause on a	d the deeth. Do not en	nter the mode of dying, so	ich es cerdiec or	respiratory arres	st, Approximsta interval Between
MMEDIATE CAUSE (Final	c. List billy one couse on t					Onset and Death
isease or condition	1 30 A4 30 W	Ma 2 24				
esuiting in death)	DUE TO (OR AS	A CONSEQUENCE OF):	*		-	
	- 0	Oladi	Ox . D. 6	1	1000	
sequentially list conditions,	DUE TO (OR AS	A CONSEQUENCE OF:	Coca Pag	0000	10/20	
f any, leading to immediate seuse. Enter UNDERLYING		,				İ
CAUSE (Disease or injury hat initiated events	C. DUE TO (OR AS	A CONSEQUENCE OF):				
esulting in death) LAST	21 1					į
	- a. > + voic	-2 1				
ART II. Other significant condit		but not resulting in the	undarlying cause given		AS AN AUTOPSY	24b. WERE AUTOPSY FINOINGS
Herry	Jenson				RFORMED?	AVAILABLE PRIOR TO COMPLETION DF CAUSE
	JUVIJOIN			1 🗆 Y	ES 2 NO	OF DEATH?
						1 TYES 2 NO
S. WAS CASE REFERRED TO MEDICAL EXAMINER?	HQSPITAL:		26. PLACE OF DEATN	Check only one)		
1 - YES 2/0 NO	1 Inpatient 2 ER/Out		HER: Nursing Nome 5 - Residence	e 6 🗆 Other (Specifi	y)	
MANNER OF DEATH	28e. OATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c. INJURY AT	28d. DESCRIBE	IOW INJURY OCCU	IRED
Netural 5 Pending	- 1///	N/1	M 1 YES A AND	A	/A	
2 Suidates	28e. PLACE OF INJUR	Y — At home, farm, street,	factory, office	261. LOCATION (S	Street and Number o	r Rural Route Number,
4 Nomicide 6 Could not delermined	building, etc. (Spe	ocity)		City or Town,	State) N/V	1
- OFWEIGHT A		1	_		-//	
	IYSICIAN: To the best of my know	wiedge, death occurred at	the time, date and place, end d	ue to the cause(a) an	d manner as stated	1.
one) 2 MEDICAL EXAM	MNER: On the basis of examination	on and/or investigation, in	my opinion, death occured at t	he time, date end pla	ce, and due to the	cause(a) and manner as stated.
96. SIONATURE AND TITLE OF CERTI	FIER AAA	115	29c. LICENSE N	UMBER	29d. DATE	SIONED (Month, Day, Year)
A.H. I	adulita	fleso	Nic	765	<b>D</b> 2	16.00
0. NAME AND ADDRESS OF PERSON	WNO COMPLETED CALLSE SE DI	FATN (ITEM 27) (Fine Column	1713	10 1		20 170
A.H. Fadul	6278	oxan Hell	Rd, Oxon	Hell 1 1	n D 2	10745
I. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	Pando 22				
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	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: It Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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STATE OF	MARYLAND A	DEPARTMENT	OF HEALTH	AND	MENTAL	HYGIENI
	C	ERTIFICATE	OF DEAT	Ή		REG. NO.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF	TMENT OF H	EALTH AND ME	ENTAL HYGIEN REG. NO.			
	1. OECEOENT'S NAME (First, Middle, Last)	L/TINE				OATE OF BEATA		A440 A 40	19 P. M.
	REBECCA MARY		in yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. 7	OATE OF BIRTN			(State or Foreign
	220-16-5116	1 □ M 2 🂢 F	82 YRS.	MONTHS DAYS	HOURS MIN.	CT. I3,	1907	MARYLA	
~	90. FACILITY NAME (If not institution, give s St. Mary s Ho				n location of DEAT rdtown	N		Marry s	County
5	RESIDENCE OF DECEDENT	Spr (ar		De Olie.	La bowii		D 0.	TIMIT D	0002103
DIRECTOR	10e. STATE 10b. COUNT			Y, TOWN OR LOCAT				- L	NSIDE CITY
	MARYLAND ST. N 100. STREET AND NUMBER	MARY'S	ME	CHANICSV	ZIP CODE		L 100 CITIZI	1 🗌	YES 1 NO
FUNERAL	P.O. BOX 481				659		U.S.		
S	11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED		ENDENT OF NISPANIC		or No — 1	14. RACE — Am Black, White	erican Indien,
ВУ Б	1 Never Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA			2 NO Specify:	ruento Ricent, etc.)		Specify:	,
	15. DECEDENT'S EDU	CATION	16a, DECEDENT'S	USUAL OCCUPATION	DN	16b. KIND OF BU	SINESS/INDU	BLACK ISTRY	
COMPLETED	(Specify only highest grade Elementary/Secondery (0-12)	College (1-4 or 5+)		work done during mo- ne retired.)					
MPI	8TH GRADE		HOUS	EKEEPING			OME		
8	17. FATNER'S NAME (First, Middle, Lust) ABRAHAM KEY					(First, Middle, Maiden MILLER	Surname)		
BE	19e, INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a	nd Number or Rural Rou		rn, Stata, Zip C	Code)	
2	DORIS R. WOODLAND	)			MECHANIC				659
	20e. METNOD OF DISPOSITION 1 X Burlel 2 Cremetton 3 Rem	noval from State	other place)	SITION (Name of cen	netery, crematory or	20c. LO	CATION — C	ity or Town, St	ite
	4 Donetion 6 Other (Specify)  21. SIGNATURE/OF FUNERAL SERVICE LI		HARLES ME		GARDENS  ID ADDRESS OF FACIL		NARDIO	OWN, MA	ARYLAND
	Michael	L Hard	liner	MATTIN	IGLEY-GARD OX 270, I	INER FUNI			
	23. PART I. Enter the diseases, or	complications that caused List only one cause on e						at,	Approximata Interval Between
	iMMEDIATE CAUSE (Final disease or condition resulting in deeth)			P) ire	dory	facil	us		Onset and Death
	resulting in death)	DUE TO (OR AS A	CONSEQUENCE O	F):		0 ^ 0			
8	Sequentially list conditions,	b. Ole TO (OR AS A	CONSEQUENCE	Cr	Tery	Dus	Car	23	
AT	if any, leading to immediate cause. Enter UNDERLYING	. Chroni	. (	ラナイン	ul f	z bril	last	ion	,
Ē	CAUSE (Disease or Injury that Initiated evants	Us .	CONSEQUENCE O			1 04.	^	/	CO COM
CERTIFICATION	resulting in death) LAST	a. HOVEY	rceof	Chr	02100	102119	ctiv	Du de	ange-
	PART II. Other significant condition	na contributing to daeth b	out not reaulting	In the undarlying	g cause given in Pa	ert I. 24a. WAS AN			AUTOPSY FINDINGS
BY PHYSICIAN: MEDICAL	Perite	voal V	esci	Man	Dise	YES :	2   NO		LETION OF CAUSE
ME								10	YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL			20 0	ACE OF OEATH (Check	h cets cest			
S	EXAMINER? 1 ☐ YES 2 ☐ NO	HOSPITAL:	patient 3 DOA	OTHER:	e 6 - Residence 6				
Ä	27. MANNER OF DEATN	28e. DATE OF INJURY (Month, Day, Year)	28b. TIN	IE OF 26c, INJ		28d. DESCRIBE NOW	INJURY OCC	URED	
3₹ F	1 Natural 5 Pending 2 Accident Investigation			M 1 🗆	YES 2 NO				
	3 Suicide 8 Could not be 4 Nomicide determined	28e. PLACE OF INJURY building, atc. (Spec	/ — At home, ferm, cify)	street, factory, offic	•	281. LOCATION (Street City or Town, State	end Number (	or Rural Route N	lumber,
COMPLETED	(Orack only	SICIAN: To the best of my know							
	29b. SIGNATURE AND TITLE OF CERTIFIE		) Interestigate	on, in my opinion, c	29c. LICENSE NUMB			SIGNED (Monti	
BE	THE OF SERVICE	Clay.	- 1		D23634	ter i		1-03-90	
5	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type	o, Print)		Marria			
	A. Patil, M.D			rec	nardtown,	narytan	200	000	
	31. DATE FILED (Morith, Day, Year)	32. REGISTRAR'S SIGN	Son-Randa	82,					

sa for an angle of 1

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFIC	ATE OF	DEATH	REG. NO			
1. DECEDENT'S NAME (First, Middle, Las	10)			/	2. DATE OF DEATH	AY YEA	3. TIME OF DEATH	
BERNARD (NM	<del></del>				April 4.	1990	1	
4. SOCIAL SECURITY NUMBER			NTHS DAYS	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8, 81 Co	RTNPLACE (State or Foreign ountry)	
213-18-0831	1 X X M 2 □ F	77 YRS.				1912	Maryland	
9e. FACILITY NAME (If not institution, giv				OR LOCATION OF D	EATH	9c. COUNTY O		
14008 Brown Road	1		Sm	ithsburg	_	Fred	erick	
10a. STATE 10b. COU	NTY	10c. CITY, 1	TOWN OR LOCA	TION			10d. INSIDE CITY	
Maryland F	rederick		Smith	shura			LIMITS?	
10a. STREET AND NUMBER				. ZIP CODE	-	10g. CITIZEN C	OF WHAT COUNTRY?	
14008 Brown Road	1			2178	3		USA	
11. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 YES	IN U.S. ARMED		ENDENT OF HISPA	NIC ORIGIN? (Specify Ye	or No- 14. F	IACE — American Indian, Black, White, atc.	
1 Never Married 2 X Married	FORCES? 1 YES	2 (X) NO		ecify Cuben, Mexico 2 X NO Speci	en, Puerto Rican, etc.) ly:		lleck, White, atc.	
3 Widowed 4 Divorced							White	
15. DECEDENT'S E (Specify only highest gro		16a. DECEDENT'S US (Give kind of wor life. Do NOT use r	WAL OCCUPATION OF THE PROPERTY	ON ost of working	16b, KIND OF BU	SINESS/INDUSTR	TY .	
Elementary/Secondary (0-12)	College (1-4 or 5+)	111						
		Lab	orer	,		te Park	Ś	
17. FATHER'S NAME (First, Middle, Last)					AME (First, Middle, Maiden			
Chester C. Kuh	n				sie H. Dro			
19a. INFORMANT'S NAME (Type/Print)					Route Number, City or Tox		•	
Olive Kuhn					thsburg. M			
204, METHOD OF DISPOSITION 1 (A Burlet 2 Cremetion 3 R	emoval from State	Ob. PLACE OF DISPOSIT other place)				CATION - City of		
4 Donation 5 Other (Specify)		M		el Cemet	tery Fo	ixville,	Maryland	
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	*		no address of Fi Funeral				
Denno	& Da	400	Pt 3	Box 78	. Mome Smithsburg	Manuk	and 21783	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that Initiated events resulting in death) LAST								
PART II. Other eignificant condit	o. lona contributing to death	but not resulting in	tha undarlyir	g cause givan ir	Part I. 24s. WAS AI PERFO	RMED?	24b. WERE AUTOPSY FINDING AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2/2 ND	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. P OTHER:	LACE OF DEATH (C	heck only one)			
1 TES 2 NO	1   Inpetient 2   ER/Ou	rtpetient 3 DOA 4	☐ Nursing Hor		6 Other (Specify)			
27. MANNER OF DEATH  Natural 5 Pending	28e. DATE DF INJURY (Month, Day, Year)		TY W	JURY AT ORK?	28d. DESCRIBE HOW	INJURY OCCURE	0	
2 Accident Investigation		- I		YES 2 ND				
3 Suicide 6 Could not 4 Nomicide determined	building, etc. (Sp	RY — At home, farm, str sec/fy)	eet, factory, offi	CO .	26f. LOCATION (Street City or Town, State	end Number or Ri	urai Houte Number,	
CONSUM OFFINE	IYSICIAN: To the best of my kno						use(e) end manner ea stated.	
29b, SIGNATURE AND TITLE OF CERTI	FIED 4	Λ -		29c. LICENSE NO	IMBER	29d, DATE SIG	INED (Month, Day, Year)	
	1 11	nul						
30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF I	DEATH (ITEM 27) (Type. P	rine) 01F	Tappulla	110 1	Trad	ation un or	
30. NAME AND ADDRESS OF PERSON  Sara Hultsch-S  31. Date filed (Month, Day, Year)  APR 1 0 90	Smith MD Err	torich Tut	915 04400 1	ladioina	se, Avenu	e, treat	occe, MV 21	
31. DATE FILED (Month, Dev. Year)	32. REGISTRADA SIC	ENATURBA -	cruc 1	remurie	services.	sure 2		
31. DATE FILED (Month, Day, Year)	guna Davi	son-gandale						

FOR

STATE OF MARYLAND	DEPARTMENT	OF HEALTH	AND	<b>MENTAL</b>	HYGIENE
С	ERTIFICATE	OF DEAT	ГН		REG. NO.

	1 - STATE REGISTRAR			ATE OF	DEATH	REG. NO	).	
	1. DECEDENT'S NAME (First, Middle, Last)	1/101	INICH,	Sr.		2. DATE OF DEATH	XY YE	3. TIME OF DEATH
	1 - 1 1 1	NMN 6. AGE (in yrs. lest	L/V	1-4		4		O STA M
	100 100 100 100 100 100 100 100 100 100			NTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State of Foreign Country)
	202-20-1481 1	/ 02	17.00			6 13	<del></del>	ennsylvania
DIRECTOR	Na Shirton Court RESIDENCE OF DECEDENT	itorital	j	(apors)	TOWN	Maryland	96. COUNTY	1 . 1
2	10a. STATE 10b. COUNTY		10c. CITY, T	OWN OR LOCAT	TION	/		10d. INSIDE CITY
뚬	Pennsylvania Fu	lton	McC	onne11	sburg			LIMITS?
A	100. STREET AND NUMBER				. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
FUNERAL	Myers Avenue  11. MARITAL STATUS 12.	2. WAS DECEDENT EVER IN U.S. ARI			7233		US.	
	1 Never Married 2 Narried	FORCES? 1 YES 2 N IF YES, GIVE WAR OR DATES		If yes, sp	ecity Cuban, Mexican  2 NO Specify:			RACE — American Indian, Black, White, etc. Specify:
8 €	3 Wildowed 4 Divorced	WWII		ŀ				white
뵨	15. DECEDENT'S EDUCATION (Specify only highest grade come	mpleted) (Gh	ve kind of work	UAL OCCUPATION done during mo	ON ist of working	16b. KIND OF BU	JSINESS/INDUST	TRY
COMPLETED		College (1-4 or 5+)	Do NOT use re					-
¥		0	fore	man				anufacturer
	17. FATHER'S NAME (First, Middle, Last)  Anton	Kulin	ich		Mary	NE (First, Middle, Maide		ovdar
8	19a, INFORMANT'S NAME (Type/Print)			DRESS (Street a		oute Number, City or To		
2	Robert A. Harris F	The second secon						, Pa. 19320
	28a. METHOD OF DISPOSITION	20b. PLACE (	OF DISPOSITION		metery, crematory or		OCATION — City	
	1 Surial 2 Cremation 3 Ramoval 4 Donation 5 Other (Specify)	Peque:	away E	aptist	Cemetery	7 Che	ester C	ounty, Penna.
	21. SIGNATURE OF FUNERAL SERVICE LICENS	SEE		22. NAME AL	OF FUNERA	LT HOME		
	> SCAN M	innich					acareta	wn, Md. 21740
	23. PART i. Enter the diseeses, pr com	nplications that caused the de	eth. Do not					
	shock, or heart failure. List	t Dnly Dne cause Dn each line.		orker the me	or crying, seci	A /	piratory arrest	interval Between Onset and Death
	iMMEDIATE CAUSE (Final diseese or condition	Co. AT	Can	:(	Shin.	k ( -		204rs
	resulting in death) a	DUE TO (OR, AS A CONSEQ	MINGE OF:		20000	7	A	1 - 0 11 3
z	-	Acuto Il	400	end	see ;	uspic	lion	120hrs
은	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A COMSEC	DUENCE OF:	1	1- 1	7/	1	R u
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury	Werio S	Clos	ofte	Condi	to vare	exond	ases se fear
뜯	thet initieted eventa	DUE TO (OR AS A CONSEC	WENCE OF:					1.
监	resulting in death) LAST							
	PART II. Other afgnificent conditions of	contributing to deeth but not r	esuiting in 1	the underlyin	g ceuse given in i	Part I. 24a. WAS A	N AUTOPSY	24b. WERE AUTOPSY FINDINGS
DICAL	() Chalet	dispose Wi	th	Paul	rause	-3	ORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
MED	2000	2. 11:43	/	11		1 TYES	2 (NO	OF DEATH?
	December 1	3 old Mys	- 0.		4 -	_		I [] TES 2 [] NO
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL	23/010/14/98	cer	Z	LACE OF OEATH (Che	ck only one)	·	
Sic		IOSPITAL:		THER:	ne 5 🗆 Residence	8 Other (Specify)		
H	27. MANNER OF DEATH	28a, DATE OF INJURY	28b. TIME C	F 28c, IN.	JURY AT	28d. DEŞCRIBE HOW	INJURY OCCUR	IED
	1 Natural 5 Pending	(Month, Day, Year)	INJUR		YES 2 NO			
) BY	2 / Accident investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY — At ho	me, farm, stre	et, factory, offic	:0	281, LOCATION (Stree	t and Number or	Rural Route Number,
Ē	4 Homicide detarmined	building, atc. (Specify)				City or Town, Stat	e)	
Ē	29a. CERTIFIER 1 CERTIFYING PHYSICIAN	AN: To the best of my knowledge, de	ath occurred	et the time, deta	and place, and due	to the cause(s) and m	enner as stated.	
COMPLETED	(Original Original rigina Origina Origina Origina Origina Origina Origina O	On the basis of examination and/or i						ause(a) and manner as stated.
8	29b. SIGNATURE AND TITLE OF CERTIFIER	1			29c, LICENSE NUM			IGNED (Month, Day, Year)
					The Marine Wolf	Times	AND DATE S	(morni, Day, real)
BE	C 7	411	Man		1) 17	1217	1 4	16/00
ш	30. NAME AND ADDRESS OF PERSON WHO CO	COMPLETED CAUSE OF DEATH (ITEI	M 27) (Type, Pr	int)	210	127	1 4	16/90
BE	30. NAME AND ADDRESS OF PERSON WHO CO	COMPLETED CAUSE OF DEATH (ITE)  M.D. 370	M 27) (Type, Pr	int)	of Hop	estoum	ma	21740.

	Pages 1, 2,	
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 27 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1, 2, be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burlat, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AN	MENTAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	1 - FOR STATE REGISTRAR	STATE OF MARYLA		MENT OF H		MENTAL HYGIENI REG. NO.	E				
	1. DECEDENT'S NAME (First, Middle, Last) Doroth	ny L.		Kisne	r	2. DATE OF DEATH MONTH DA	1990 YEAR	3. TIME OF DEATH			
	070 06 5040	5. SEX 6. AGE (In	70 yrs.	MONTHS DAYS	IF UNDER 24 HRS, HOURS MIN.	7. DATE OF BIRTH		THPLACE (State or Foreign			
	9a. FACILITY NAME (If not institution, give stre				R LOCATION OF DE	АТН	9c. COUNTY OF	DEATH			
OT:	PENINSUAL GENERA	L HOSPITAL		SALISE	URY		WICOM	ICOMICO			
DIRECTOR	Maryland WO	rehester		town or Locate			10d. INSIDE CITY LIMITS?				
	10e. STREET AND NUMBER		1 00		. ZIP CODE		10g. CITIZEN OF	1 YES 2 NO			
FUNERAL	P.O. Box 1625				21842		U.S.	.A.			
BY FUN	1. MARITAL STATUS			If yes, sp	ENDENT OF HISPAN ocify Cuben, Mexica 2 ANO Specifi	IIC ORIGIN? (Specify Yearn, Puarto Rican, etc.)	Ble	CE — American Indian, lock, White, etc.			
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)						Resta	aurant			
BE COM	17. FATHER'S NAME (First, Middle, Last) Harry L. Folk					ME (First, Middle, Malden :					
TO B	190. INFORMANT'S NAME (Type/Print) Gary Kisner					ills, Cha		25414 Fown, W.V.			
	20a, METHOD OF DISPOSITION  1	ral from Stata 20b. I	PLACE OF DISPOS other place) Ed				erles !	Town, Stata LOWN, W.V.			
	21. SIGNATURE OF FUNERAL SERVICE LICE	2	den	MeIV	DADDRESS OF FA	Strider (	o.				
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.  Approximate interval Between Onest and Death										
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)  a. Cav dispullmanary Array  DUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):										
PHYSICIAN: MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  24a. WAS AN AUTOPSY PREFORMED? PERFORMED? YES 2 NO  1 YES 2 NO  1 YES 2 NO										
SICIA		HOSPITAL:	tient 3 DOA	OTHER:	ACE OF DEATH (Ch	eck only one)  6  Other (Specify)					
	27. MANNER OF DEATH  1 Natural 5 Pending	26a. DATE OF INJURY (Month, Day, Year)	26b. TIME	E OF 26c. INJ	URY AT	28d. DESCRIBE HOW II	YJURY OCCURED				
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJURY - building, etc. (Specifi		M 1 YES 2 NO  t, factory, office  28t. LOCATION (Stre City or Town, Str			Il Route Number,				
COMPLETED	onel	IAN: To the best of my knowle						e(a) and manner as stated.			
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	· h	72		29c. LICENSE NUI	MBER ( 7 )	29d. DATE BIGN	EO (Month, Day, Year)			
10	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEAT	TH ((TEM 27) (Type,	Print) 100	Piv	e Cofu	IL B	3 #6			
	31. DATE FILED (Month, Day, Year)  APR 9 '90	Fine Dan asigna	Mandalle	7.0		3	1-6				

DIRECTOR

FUNERAL

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CERTIFICATION

MEDICAL

PHYSICIAN:

BY

COMPLETED

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hup

FREDERICK G. BARR,

MAR 30 '90

31. DATE FILED (Month, Day, Year)

38. NAME AND APDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

M.D.

32. REGISTRAR'S SIGNATURE

Lulia Savida

Panda DO

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completely filled rial, cremation, ( the

burial, traumatic

9 physician a

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DIRECTOR: After thours after death After the

FUNERAL I =

HOSPITAL

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Hem certificate h

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or attending physician.

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

FOR STATE REGISTRAR 1. OECEDENT'S NAME (First, Middle, Last) 2. DATE OF OEATN 3. TIME OF OEATN VEAD 8:25 C. THELMA KENT MARCH 27 1990 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In vrs. lest birthdev) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. OATE OF BIRTN (Month, Day, Year) 8. BIRTNPLACE (State or Foreign MONTHS DAYS HOURS MIN. 1 - M 2 -XF 577-22-8991 69 YRS JUNE 6, 1920 VIRGINIA 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATH 15115 INTERLACHEN DRIVE, #802 SILVER SPRING MONTGOMERY RESIDENCE OF DECEDENT 10e. STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND MONTGOMERY SILVER SPRING 1 YES 2 NO 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? INTERLACHEN DRIVE, #802 20906 USA 12. WAS OECEOENT EVER IN U.S. ARMEO FORCES? 1 YES 2 YOU IF YES, GIVE WAR OR OATES 11. MARITAL STATUS 13. WAS DECENOENT OF NISPANIC ORIGIN? (Specify Yes or No-14. RACE - American Indian, Black, White, etc. If yes, specify Cubert, Mexican, Puerto Rican, etc.) 1 Never Merried 2 Merried 1 YES 2 NO Specify: Specify: 3 Widowed 4 Olivorced WHITE 16e. DECEOENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. OECEOENT'S EOUCATION 18b. KINO OF BUSINESS/INOUSTRY (Specify only highest grade complet Elementary/Secondary (0-12) College (1-4 or 5+) 12 HOMEMAKER 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surneme) ROBERT E. O'BRIEN FLORENCE TAYLOR 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADORESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 20906 HARRY T. KENT (HUSBAND) 15115 INTERLACHEN DRIVE, 802, SILVER SPRING. MARYLAND 20a, METNOO OF OISPOSITION
1 💢 Buriel 2 🗌 Cremation 3 🗎 Removal from State 20b. PLACE OF OISPOSITION (Name of cometery, cremetory or 20c. LOCATION -- City or Town, State 4 Donation 5 Other (Specify) GATE OF HEAVEN CEMETERY SILVER SPRING, MARYLAND 22. NAME AND ACCORESS OF FACILITY
FRANCIS J. COLLINS FUNERAL HOME, INC.
500 UNIVERSITY BLVD., W., SIL. SP., MD 2090 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 1. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart fellure. Liet only one ceuse on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Fine) disease or condition Metastatic resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury OUE TO (OR AS A CONSEQUENCE OF): thet initiated events resulting in death) LAST PART II. Other algrifficent conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 245 WERE ALTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TYES 2 NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 YES 2 NO 4 - Nursing Home 5 Residence 6 - Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 27. MANNER OF DEATH 28c. INJURY AT 28d. OEȘCRIBE NOW INJURY OCCUREO 1 Naturel 5 Pending M 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify) 28f. LOCATION (Street end Number or Rural Route Number, City or Town, State) 3 Sulcide 6 Could not be 4 Nomicide 29e. CERTIFIER (Check only one)
1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) end menner as stated.
2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(s) end menner as stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(s) end manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. OATE SIGNED (Month, Day, Year) 9-90 022775

2101 MEDICAL PARK DRIVE, #211, SILVER SPRING.

BALTIMORE, MARYLAND 21203-3146 the hospital 6 retained 2 death. Page 6 may after executed within BOX 13146, certificate be P.0. death RECORDS,

TO THE HOSPITA
TO THE FUNERA
DE filed within 7. 10

DIVISION OF VITAL

DHMH-16 Rev 1/89

## TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within ZA hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, be filled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21203-3146 IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	FOR STATE REGISTRAR	STATE OF MA	RYLAND / DEPAI CERTIF			EALTH AND DEATH	MENTA	L HYGIENI REG. NO.	E		
1	DECEDENT'S NAME (First, Middle, Lest)     MICHAEL	DO	JGLAS		NNED		MONT	OF DEATH H DA -22-90		PASY	3. TIME OF DEATH  2:37PM M
i	4. SOCIAL SECURITY NUMBER 577 70 2018	5. SEX 6.	AGE (In yrs. lest birthday) 38 YRS.	IF UNDER	1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE (Mont	of BIRTH h, Day, Year) 3-52		8. BIRTHP Country) VA	LACE (State or Foreign
FOR	9a. FACILITY NAME (If not institution, give st UNIVERSITY HOSPI			96. COUNTY OF DEATH BALTIMORE CITY -							ATH
DIRECTOR	10a. STATE 10b. COUNTY  MD Ann	e Arundel	1000	10c. CITY, TOWN OR LOCATION Deale							10d. INSIDE CITY LIMITS? 1 ☐ YES 2 X XNO
FUNERAL	10e. STREET AND NUMBER 5818 Whippoorwill	Drive				ZIP CODE 0751			10g. CITIZ		HAT COUNTRY?
BY FUN	11. MARITAL STATUS  1 Never Merried 2 Married  3 Widowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES				f yes, spe	ENDENT OF HISP/ ecity Cuban, Maxic 2 NO Spec	an, Puarto		or No—	14. RACE Black, Specify	- American Indian, Whita, atc. White
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)		16a. DECEDENT' (Give kind of life. Do NOT	S USUAL OO work done ouse retired.)	during mo:	st of working	162	o. KIND OF BUS	INESS/INDU	JSTRY	
OMPL	1 1 17. FATHER'S NAME (First, Middle, Lest)		Repai	rman	( A'	T&T)	AME (First,		litie: Sumama)	S	
TO BE C	William Warren  19a INFORMANT'S NAME (Type/Print)	Kennedy	2112542144			Mary nd Number or Rura		aber, City or Town	n, State, Zip	,	
Ĭ	Mary A. Kennedy  20a. METHOD OF DISPOSITION  1-1 Burlel 2 Cremetion 3 Reme	oval from State	20b. PLACE OF DISPO	OSITION (Na	rme of cen			20c. LO	CATION - C	aty or Tow	vn, Stata
	4 Donetion 5 Other (Specify)  21, SIGNATURE OF FUNERAL SERVICE LIC		22. NAME AND ADDRESS OF FACILITY							MD 1D 20736	
	23. PART I. Enter the diseases, prospective shock, or heert feliure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)	List only one cause  MULTIPLE	aused the death. Do	not anter	the mo	da of dying, au	ch as car	diec or respi	ratory arre	eat,	Approximate interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if eny, laeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  c. DUE TO (OR AS A CONSEQUENCE OF):										
PHYSICIAN: MEDICAL C	PART II. Other algnificant condition	e contributing to de	eath but not resulting	in the ur	nderiyin	g cause given i	n Part I.	24a. WAS AN PERFOR XIX XYES 2	MED?		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  XXVES 2 \( \triangle \) NO
CIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		ОТНЕ		ACE OF DEATH (	Check only o	one)			
	1XXXXS 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending	1 □ Inpetient XXE  28a. DATE OF IN (Month, Day, 3:-22-9	Year) II		28c. INJ	PIK?	28d. DE	SCRIBE HOW I			to impact
TED BY	XXX Accident  3 Suicide 8 Could not be 4 Homicide determined	NJURY — At home, farm: (Specify)				281. LO Chy Rte	cation (Street of or Town, State)	Fran	or Aural A klin	oute Number, n Gibson Rd.	
COMPLET	29e. CERTIFIER 1 CERTIFYING PHYS		y knowledge, death occu nination and/or investiga								and manner as stated.
TO BE	294-SIGNATURE AND THICE OF CONTINUE					29c. LICENSE N			29d. DATE	3-23	(Month, Day, Year) 3-90
	30. NAME/AND ADDRESS OF PERSON WITE FRANK PERETTI, MI	D			enn	Street,	Balti	more,M	D 212	01	vo
- 1	31. DATE FILED (Month, Day, Year)	32. HEGISTRAN	S SIGNATURE 22								

MAK 2 9 1990

DHMH-16 Ray 1/89

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The second secon	IMPORTANT: If tiem 28 is marked, or item 23 shows any injury, or other tradinatic event, the medical example	
30	PRI	
2	AP.	
2	=	1

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	1 - FOR STATE REGISTRAR	STATE OF MARYLA		TMENT OF H			GIENE G. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DE	ATH DAY	YEAR 3. TIME OF OEATH			
	EDWARD  4. SOCIAL SECURITY NUMBER	HENRY 5. SEX 6. AGE (I	KESS in yra. last birthday)	LER, JR.	IF UNDER 24 HRS.	7. DATE OF BIR	29,1990	2:50 A M  8. BIRTNPLACE (State or Foreign			
	041-09-7231	1 (X) M 2 □ F	74 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, 7-2-19	15	MASSACHUSETTS			
o:	9a. FACILITY NAME (If not institution, give				R LOCATION OF DE	ATN	9c. COUN	TY OF DEATN			
CTO	1007 FAIRGROUND	DR, APT 8		SALIS	BURY			USA			
DIRECTOR	MARYLAND V	WICOMICO		, town or locat SALISBUR				10d. INSIDE CITY LIMITS?  1 X YES 2 NO			
	10e. STREET AND NUMBER			101	. ZIP CODE		10g. CITIZ	ZEN OF WHAT COUNTRY?			
ER/	1007 FAIRGROUND	DR, APT, 8			21801			USA			
FUNERAL	11. MARITAL STATUS  1 Never Married 2 X Married	12. WAS DECEDENT EVER IN FORCES? 1 XYES	2 NO	If yes, sp	ENDENT OF NISPAN	n, Puerto Ricen,	cify Yea or No— etc.)	14. RACE — American Indian, Black, White, etc.			
ВУ	3 Wildowed 4 Divorced	ARMY WW		1 TYES	2 NO Specify	y:		Specify: WHITE			
TEC	15. DECEDENT'S EDI (Specify only highest gred		16e. DECEDENT'S (Give kind of v	USUAL OCCUPATION CONTROL OCCUPAT	ON st of working	16b. KIND	OF BUSINESS/IND	USTRY			
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	DIREC'			CHAM	BER OF C	COMMERCE			
OM	17. FATNER'S NAME (First, Middle, Last)		Ditto	2010	18. MOTHER'S NA			,0.121.02			
BEC	EDWARD	HENRY KI	ESSLER,	JR	DOROT	HY		MAUER			
10	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a	nd Number or Rural I	Route Number, City	y or Town, State, Zip	Code)			
-	ELIZABETH C. KES		1007	FAIRGROU	ND DR, A			7, MD 21801			
	20a. METNOD OF DISPOSITION 3/1 Burlal 2 1 Cremetion 3 Ref	movel from State SA	PLACE OF DISPOS ALTSBURY	CREMATO	RY		SALISBUE				
	21. SIGNATURE OF FUNERAL SERVICE L	Wal Ore Tax	1		WAY FUNE		•	, MD 21801			
	23. PART I. Enter the diseases, or	Voc									
	shock, or heart failure. List only one cause of sich line.										
	disease or condition resulting in death)	8	Em			20 403					
	disease or condition resulting in death)  a. Employeen A  20 47 8										
CERTIFICATION	Sequentially list conditions, If any, leading to immediate  DUE TO (OR AS A CONSEQUENCE OF):										
CA	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury.										
H	CAUSE (Disease or injury that Initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST										
CE		d									
AL	PART II. Other significant condition				g cause given in	Part I. 24a.	WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO			
Ö	Alleliasc	More pea	1 + D15.	ease.		10	YES 2 NO	OF DEATH?			
X						_		1 TYES 2 NO			
AN	25. WAS CASE REFERRED TO MEDICAL	T		28. PI	ACE OF DEATH (Ch	eck only one)					
SIC	EXAMINER? 1 YES 2 NO	HOSPITAL:	atient 3 DOA	OTHER:	o 5 Residence		offu)				
PHYSICIAN: MEDICAL	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c. INJ			HOW INJURY OCC	CURED			
ВУ	1 Natural 5 Pending 2 Accident Investigation				rES 2 NO						
8	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY building, etc. (Speci		street, factory, offic	0	281. LOCATION City or Tow	(Street and Number n, State)	or Rural Route Number,			
COMPLET	29e. CERTIFIER 1 CERTIFYING PNY	SICIAN: To the best of my knowl	edge, death occurr	ed at the time, date	and place, and due	to the cause(s)	and manner as state	od.			
ON	one) 2 MEDICAL EXAMIN	ER: On the basis of examination	and/or Investigation	n, in my opinion, d	eath occured at the	time, date and p	eleca, and due to th	e cause(s) and menner as stated.			
BEC	296, SIGNATURE AND TITUE OF CENTIFI		ma		29c. LICENSE NUI	MBER	29d. DATE	E SIGNED (Month, Day, Year)			
2	30. NAME AND ADDRESS OF PERSON W	VHO COMPLETED CAUSE OF DE	ATN (ITEM 27) (Time	Print)	11-	362	4 -	2-27-10			
1	C. R. LAYT	ow, JR. m	0 - F	ul. Dio	. Buy 3	79-1	CHMC -	- SALIBBAY			
1	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	ATURE								

ITEM:1 per FH G-662

90 11153

4-	17-90	CM	
	FOR		
4	STATE		

1 - STATE REGISTRAR	TATE OF MARY			OF DEA		VIENTAL HYGI REG.			
1. OECEOENT'S NAME (First, Middle, Last)			LAWR			2. DATE OF DEATH	1	3.	TIME OF OEATH
Benedi		J.	Laure			FOUND:	4-2-90		10:30AM m
The second secon		(In yrs. last birthday)	IF UNDER 1	YEAR IF UND	ER 24 HRS. MIN.	7. OATE OF BIRTH (Month, Day, Year	r)	Country)	CE (State or Foreign
527-06-6810	X M 2 D F 28	YRS.	9b. CITY.	TOWN OR LOCA	TION OF DE	Sept. 1	9, 1961	Spar	ta,Wisc.
7501 Berry Lane	,			randywi					orges Co.
RESIDENCE OF DECEDENT  10a, STATE 10b, COUNTY		100 000	TY, TOWN OF						
				Plains				- 1	I. INSIDE CITY LIMITS?  YYES 2   NO
MD Prince	Georges	1 44	mile	10f. ZIP CO	OE		10g. CITIZ	EN OF WHAT	
7501 Berry LAne				206	95		USA		
	WAS DECEDENT EVER FORCES? 1 YES			AS DECENDENT	OF HISPAN	IIC ORIGIN? (Specify		14. RACE — . Black, Wi	American Indian, hite, atc.
1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR			YES 27 N			, and	Specify:	
15. DECEDENT'S EOUCATION		16a. DECEDENT'S				16b. KIND OF	BUSINESS/INDU	Whit	e
(Specify only highest grade com Elementary/Secondary (0-12)	ollege (1-4 or 5+)	iffe. Do NOT u	work done du ise retired.)	iring most of wor	king		_		
	3	Instru	ctor				alth Sp	a	
17. FATHER'S NAME (First, Middle, Last)	hn B. Lawr	ongo				ME (First, Middle, Me.	lden Surname)		
19a. INFORMANT'S NAME (Type/Print)	III D. LAWI		G AOORESS		TuSim	Route Number, City or	Town, State, Zlp	Code)	
John B. Lawrence		100000000000000000000000000000000000000				Wavnesbo			
20a. METHOO OF DISPOSITION 1 ☑ Burlai 2 ☐ Cremation 3 ☐ Removal	from State	b. PLACE OF DISPO	SITION (Nam	e of cemetery, c	ematory or		LOCATION — C		
4 Donation 5 Dother (Specify)				Cemete			Waynesb	oro,P.	A 17268
21. SIGNATURE OF FUNERAL SERVICE LICENS	7		22. N	Grove		ral Home	Inc.		
James (1. 1	Joulerson					treet Way			17268
23. PART I. Enter the disesses, or com shock, or hasrt fallure. List			not sntsr t	hs mods of o	lying, suc	h as cardisc or re	espiratory srre	est,	Approximats Interval Between
IMMEDIATE CAUSE (Final disease or condition	Contact g	unchot u	ound :	to hose	1				Onset and Death
resulting in death) a		A CONSEQUENCE O		to nead	4				
	DW. 1 *200		,						
Sequentially list conditions, if any, issding to immediate	DUE TO (OR AS	A CONSEQUENCE	OF):						
cause, Enter UNDERLYING CAUSE (Disease or Injury	OUE TO OR AS	A CONSEQUENCE O	)E)						
that initiated events resulting in dasth) LAST			,						
DAST II. Other plantileast conditions of		h	1- 44		-11-				
PART II. Other significant conditions co	ontributing to dastn	but not resulting	in the unc	isnying caus	given in	PEF	S AN AUTOPSY RFORMED?	AW	RE AUTOPSY FINDINGS VILABLE PRIOR TO MPLETION OF CAUSE
							S 2 🗌 NO	OF	DEATH?
						_		2545	G TES 2   NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?				26. PLACE OF	DEATH (Ch	eck only one)			
*******	OSPITAL: inputient 2 ER/Ou	tpetlent 3 🗆 DOA	OTHER	ng Home 5	Residence	6 Other (Specify)			
27. MANNER OF DEATH  1 Netural 5 Pending	FOUND: 4-2		ME OF JURY 3 OAAM	26c. INJURY AT WORK?		28d. OESCRIBE H			
2 Accident Investigation					ON 🖾		inflic		
3 Spicide S Could not be 4 Homicide determined	28e. PLACE OF INJUR building, etc. (Sp	ecify)  Home—b		_		261. LOCATION (St City or Town, S 7501 Ben	itata)		andywine,
29a. CERTIFIER (Check only	: To the heat of my hoo				ce end du				
(Check only one) 2XSMEDICAL EXAMINER: O									
29b. LATURE AND TITLE OF CERTIFICAL	1/				ICENSE NUI		29d. DATE	SIGNEO (Mo	onth, Day, Year)
Wagnie In	e Kon	le ·			CME		<b>▶</b> 4	-3-90	
30. NAME AND ADDRESS OF PERSON WHO CO MARGARITA A. KOREI	MPLETED CAUSE OF D	EATH (ITEM 27) (Typ	e, Print)	Penn S	Stree	t,Baltimo	ore,MD	21201	V
31. OATE FILED (Month, Day, Year) APR 4 '90	33. REGISTRAR'S SIC	MATURE N-Agndale							

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiens prior to burial, cremation, or removal.

IMPORTANT: If Ifem 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the mospite
2 - 5 BF

	1 - STATE REGISTRAR	STATE OF MARYLA		TMENT OF		MENTAL HYGIEN REG. NO.	E			
	1. OECEOENT'S NAME (First, Middle, Last)		1111			2. DATE OF DEATH		3. TIME OF DEATH		
	LELAND LAWRENCE					03 30	1990 YEAR	10:48P M		
	4. SOCIAL SECURITY NUMBER 5.	6. SEX 6. AGE (II	In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. OATE OF BIRTH	8. BIRT	HPLACE (State or Foreign		
	126-26-8290	X M 2 □ F 6	ol YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) 10/24/28	Coun	York		
	9e. FACILITY NAME (If not institution, give street	t and number)	-	9b. CITY, TOWN	OR LOCATION OF DE		9c. COUNTY OF			
OR	THE JOHNS HOPKIN	NS HOSPITAL		BALTIM	ORE		BALTIMO	ORE CITY		
5	RESIDENCE OF DECEDENT  100. STATE 10b. COUNTY	-	100 CIT	Y, TOWN OR LOC	ATION.			10d. INSIDE CITY		
DIRECTOR	Maryland Harfo	rd		erdeen	ALION			LIMITS?		
<u>ا</u> ا	10e. STREET AND NUMBER	T d	AL		Of, ZIP CODE		10a CITIZEN OF	1 _ YES 2 \( \overline{\pi} \) NO WHAT COUNTRY?		
RA	823 Lynn Lee Drive	e			21001		U.S.A.			
FUNERAL		2. WAS DECEDENT EVER IN		13. WAS DE	CENDENT OF HISPAN	IC ORIGIN? (Specify Yes	or No 14. RAC	CE — American Indian,		
F	1 Never Merried 2 Merried	FORCES? 1 YES			specify Cuben, Mexices S 2 X NO Specify		Spec	ck, White, etc.		
BY	3 Wildowed 4 Divorced	W II. Korea			.,,,,,,		4	ite		
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade con		16a. DECEDENT'S (Give kind of	work done during n		16b. KIND OF BUS	SINESS/INDUSTRY			
9		College (1-4 or 5+)	life. Do NOT u							
MP	12	2	Offic	er		U.S. N	-			
	17. FATHER'S NAME (First, Middle, Last)				100000000000000000000000000000000000000	ME (First, Middle, Maiden				
띪	Wilbur Lawrence					che Rathbu				
2	19e. INFORMANT'S NAME (Type/Print)		100000000000000000000000000000000000000				i castelli in ex			
	Elaine E. Lawrer				e Drive.	Aberdeen.	Md 2 3 CATION — City or T	1001		
	1 ☑ Buriel 2 ☐ Cremation 3 ☐ Remova 4 ☐ Donation 5 ☐ Other (Specify)	al from State	other place)			emetery A				
	21. SIGNATURE OF BINGS SERVICE LICEN	neg/		22. NAME	AND ADDRESS OF FA	CILITY	A LOUIS TO BOOK OF THE			
	Tarring-Cargo Funeral Home, P.A.									
_	Aberdeen, Md. 21001-3399  (23.)PMRT i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory erreat,   Approximate									
	shock, or heart failure. Lis	only one cause on a	ach ilna.	not antar tha n	loca or dying, suci	n as carolac or respi	ratory arreat,	intarval Batween		
	MMEDIATE CAUSE (Final disease or condition									
		ν						Onset and Daath		
		Seps 13	CONSEQUENCE	<b>15</b> .				Onset and Daath		
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NOI	disease or condition resulting in death) a  Sequentially list conditions,	DUE TO (OR AS A  DUE TO (OR AS A	CONSEQUENCE O	PA: 1 Thorac	ie Acità	· Anegorys	n Ruptu	3 days		
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	TTEMS:1/,18 per FH G-	663						90	11155	
	FOR STATE REGISTRAR	TE OF MARYLA	ND / DEPART				YGIENE EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Lost) MAR Wargare	CARET P	HAFRENA Ena	Lain		2. DATE OF D	EATH DAY	YEAR 90	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER  172 - 50 - 22/2 1   98. FACILITY NAME (If not institution, give street and in	12XF 90	YRS.	IF UNDER 1 YEAR MONTHS DAYS			/1899	Country	nsylvania	
TOR	University Nursi			•	aton			ntgo		
DIRECTOR	Maryland Montgo	mory	1 '	thers	_				10d. INSIDE CITY LIMITS? XXYES 2 NO	
FUNERAL (	Maryland Montgo 100. STREET AND NUMBER 101 Odend Hal Ave				01. ZIP CODE 20877	1,225		HAT COUNTRY?		
BY FUN	1 Never Married 2 Married FOR	U.S. ARMED 22000 TES	If yes,	ECENDENT OF HISPAR specify Cuban, Maxica ES 2 NO Specifi	n, Puerto Ricen	ecity Yea or No-	14. RACE Black, Specifi	- American Indian, Whita, etc.		
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade complete Elementary/Secondary (0-12) 8th	d) pe (1-4 or 5 +)	16e. DECEDENT'S U (Give kind of w life. Do NOT use Homema	ork done during in retired.)	FION nost of working	16b. KINI	D OF BUSINESS/INI		112 00	
BE CON	17. FATHER'S NAME (First, Middle, Last)  Richard Alder's  19a. INFORMANT'S NAME (Type/Print)	on EVANS	Landana		E1	izabet	, Maiden Surname) ch Bro		LDERSON	
၀	Paul L. Laing	2430	)5 KaK	ae Driv	e, Dan	nascus,	wn, State, Zip Code) Cus, Md. 20872			
	20a. METHOD OF DISPOSITION  1 Spurial 2 Cremation 3 Removal from 4 Donation 5 Other (Specify)	other place)	son Cemetery Glen					N - City or Town, Stata Richey, Penna.		
	21. SIGNATURE/OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY Olin L. Molesworth, P.A., Funera Damascus, Maryland 20872							uneral Ho		
CERTIFICATION	23. PART f. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdisc or respiratory arrest, shock, or heart fellure. List only one cause on each line.  IMMEDIATE CAUSE (Finel diseases or condition resulting in death)  Sequentially list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  Approximate death. Do not enter the mode of dying, such as cerdisc or respiratory arrest, interest the mode of dying, such as cerdisc or respiratory arrest, interest the mode of dying, such as cerdisc or respiratory arrest, interest the mode of dying, such as cerdisc or respiratory arrest, interest the mode of dying, such as cerdisc or respiratory arrest, interest the mode of dying, such as cerdisc or respiratory arrest, interest the mode of dying, such as cerdisc or respiratory arrest, interest the mode of dying, such as cerdisc or respiratory arrest, interest the mode of dying, such as cerdisc or respiratory arrest, interest the mode of dying, such as cerdisc or respiratory arrest, interest the mode of dying, such as cerdisc or respiratory arrest, interest the mode of dying, such as cerdisc or respiratory arrest, interest the mode of dying, such as cerdisc or respiratory arrest, interest the mode of dying, such as cerdisc or respiratory arrest, interest the mode of dying, such as cerdisc or respiratory arrest, interest the mode of dying, such as cerdisc or respiratory arrest, interest the mode of dying, such as cerdisc or respiratory arrest, interest the mode of dying, such as cerdisc or respiratory arrest, interest the mode of dying, such as cerdisc or respiratory arrest, interest the mode of dying, such as cerdisc or respiratory arrest, interest the mode of dying, such as cerdisc or respiratory arrest, interest the mode of dying, such as cerdisc or respiratory arrest, interest the mode of dying, such as cerdisc or respiratory arrest the mode of dying, such as cerdisc or respiratory arrest,									
MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given						. WAS AN AUTOPSY PERFORMED?	24b.	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	PITAL:		26.	PLACE DF DEATH (C)	neck only one)				
HYS	27. MANNER OF DEATH 26	patient 2 ☐ ER/Outp  Ia. DATE OF INJURY (Month, Day, Year)	28b. TiME	OF 28c.	NJURY AT WORK?		ec/fy) BE HOW INJURY OC	CCURED		
Β¥	1 Natural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be determined	— At home, farm, a	M 1	YES 2 NO	281. LOCATIO City or To	DCATION (Street and Number or Rural Route Number, ly or Town, State)				
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To CHECK DOI to MEDICAL EXAMINER: On the								and menner as stated.	
TO BE C	290. SIGNADOBE AND THE OF CERTIFIER	7	In my opinion, death occured at the time, date and place, and due  29c. LICENSE NUMBER  DO 1120  1				DATE SIGNED (Month, Day, Year)			
,-	30. NAME AND ADDRESS OF PERSON WHO COMP	LETED CAUSE OF DE	ATH (ITEM 27) (Type,	Print)				1		

2309

M.D.,

Shorefield Rd., Wheaton, Maryland

DHMH-16 Ray 1/89

BALTIMORE, MARYLAND 21203-3146

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requires that the death	been signed by the attend of Health and Mental H	shows any injury, or
e law requires that the death	has been signed by the attent Dept. of Health and Mental H	n 23 shows any injury, or
IN: The law requires that the death	ficate has been signed by the attent State Dept, of Health and Mental H	r Item 23 shows any injury, or
YSICIAN: The law requires that the death	s certificate has been signed by the attent th the State Dept, of Health and Mental H	id, or item 23 shows any injury, or
4G PHYSICIAN; The law requires that the death	ter this certificate has been signed by the attendath with the State Dept, of Health and Mental H	narked, or Item 23 shows any injury, or
ENDING PHYSICIAN: The law requires that the death	R; After this certificate has been signed by the attent ter death with the State Dept, of Health and Mental H	Is marked, or item 23 shows any injury, or
R ATTENDING PHYSICIAN; The law requires that the death	RECTOR; After this certificate has been signed by the attent urs after death with the State Dept, of Health and Mental H	im 28 is marked, or item 23 shows any injury, or
TAL DR ATTENDING PHYSICIAN; The law requires that the death	AL DIRECTOR; After this certificate has been signed by the attent 72 hours after death with the State Dept, of Health and Mental H	If item 28 is marked, or item 23 shows any injury, or
HOSPITAL DR ATTENDING PHYSICIAN; The law requires that the death	UNERAL DIRECTOR: After this certificate has been signed by the attent rithin 72 hours after death with the State Dept, of Health and Mental H	ANT: If item 28 is marked, or item 23 shows any injury, or
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	SIAIE UF	MAKYLAND /	ERTIF					IENIA	REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, L	Last)								OF DEATH			3. TIME OF DEATH
	James Ed	dward Long	Jr.					1	MONT	7	4	YEAR 90	3:10 M
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. la	st birthday)	IF UNDER		# UNDER			OF BIRTH		8. BIRTH	PLACE (State or Foreign
	226-54-1345	1 M 2 🗆 F	47	YRS.	MONTHS	DAYS	HOURS	MIN.		th, Day, Year) 5/42			" ginia
	9e. FACILITY NAME (If not institution,	give street and number)			9b. CITY	, TOWN 0	R LOCATIO	ON OF DEA		0/ 12	9c. COU	NTY OF DI	
Œ	Frederick Memor	ial Hospit	a1		Fre	deri	ck		Frederick			1.	
5	RESIDENCE OF DECEDEN	T											
DIRECTOR	10b. CO				Y, TOWN C		ION		10				10d. INSIDE CITY LIMITS?
Δ.	Maryland Fre	derick		Fre	deri								1 NO PYES 2 NO
FUNERAL						101	ZIP CODE						VHAT COUNTRY?
필	163 West All Sa				Т.		2170				USA		
5	11. MARITAL STATUS  1 Never Merried  12. WAS DECEDENT EVER IN U.S. AFFORCES?  1 YES  2 Merried					If yes, spe	city Gube	n, Mexican	, Puerto	N? (Specify Yes Rican, atc.)	or No—	Black	. — American Indian, c, White, etc.
B	3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES					1 🗌 YES	2 <b>Y</b> NO	Specify:	•			Specif	Black
	15. DECEDENT'S			ECEDENT'S					16	b. KIND OF BUS	INESS/INE	DUSTRY	Didek
	(Specify only highest Elementery/Secondery (0-12)	grade completed)  College (1-4 or 5	114.	Give kind of 9. Do NOT u	work done se retired.)	during mo.	st of workin	g					
릴				rter					-   (	Giant F	lood	Stor	e
COMPLETED	17. FATHER'S NAME (First, Middle, Las	et)					18, MOTI	IER'S NAM	AE (First,	Middle, Maiden	Sumame)		
BE	James Edward Long, Sr.						Mae	Eli:	zabe	th Cur	tis	Long	
<u>و</u>	19e. INFORMANT'S NAME (Type/Print)		-19	6. MAILING	ADDRES	S (Street a	nd Number	or Rural A	oute Nun	nber, City or Town	n, State, Zip	Code)	
-	Loretta Long		10	63 A1	1 Sa	ints	Str	eet,	Fre	ederick	, Ma	ryla	nd 21701
	20a METHOD OF DISPOSITION 1 N Buriel 2 Cremetion 3 C	Removal from State	20b. PLACE other p	ilace)			,.	•		20c. LO	CATION —	City or To	wrt, State
	4 ☐ Oonetion 5 ☐ Other (Specify)  21. SIGNATURE OF FUNERAL SERVIC		17	F				tery		F	rede	rick	. Maryland
	21. SIGNAL ONE OF PUNERAL SERVICE									al Homes,PA			
	Tharon Canelle P.O. Box 1819, Frederick, MD 21701												
CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory errest, about, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):												
PHYSICIAN: MEDICAL CE	PART II. Other algoriticent conditions contributing to death but not re				resulting in the underlying cause given in				1 Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 □ YES 2 M NO			24b	. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDIC	AL T				28. PI	ACE OF D	EATH (Che	ck only i	nne)			
딣	EXAMINER?	HOSPITAL:	☐ ER/Outpatient	3 🗆 DOA	OTHE	R:				ner (Specify)			
¥∣	27. MANNER OF DEATH	28a, DATE O	F INJURY	28b. TII	AE OF	28c. INJ	URY AT	raidelice		SCRIBE HOW I	NJURY OC	CURED	
	1 Natural 5 Pending	2	Day, Year)	IN	JURY M		RK? YES 2	] NO					
ЭВУ	2 Accident Investigat 3 Suicide a Could no	28a. PLACE	OF INJURY — At h	ome, farm,	street, fac	tory, offic	•			CATION (Street a	and Numbe	r or Rural F	Route Number,
Ĕ	4 Homicide determin		j, etc. (Specify)					_	Cit	y or Town, State)			
COMPLETED	(CHOCK ONLY	PHYSICIAN: To the best of											e) end manner as stated.
	29b. SIGNATURE AND TITLE OF CER	TIFIER	0				29c. LIC	ENSE NUM	BER		29d. DA	TE SIGNEO	(Month, Day, Year)
BE	Chila	n. Pr	Loton.	1.						7/			7-90
2	30. NAME AND ADDRESS OF PERSON			I87	e, Print	~~1	Joh	2	Q.	Frede	rich	M	1. 21701
	31. DATE PILED (Month, Day, Year)	32. REGISTE	AR'S SIGNATURE	00				- "-					

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aminer must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 13146

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be execute
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and conceded to the period within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to busin common or nearly IMPORTANT: If Hem 28 is marked, or Hem 23 shows any Injury, or other traumatic conceded.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAN	D / DEPARTM			MENTAL	HYGIENE REG. NO.			
1	1. DECEDENT'S NAME (First, Middle, Last)  NAGMIHOPKINS	LON6				2. DATE (	OF DEATH DAY	9	AR	0744 M
	A ( ) 1 d . 1		(In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.  WONTHS DAYS HOURS MIN.				PERITH Day, Year)	8.	BIRTHPLA Country)	CE (State or Foreign
2	9a. FACILITY NAME (If not institution, give street  CARPOLL  CONTY  RESIDENCE OF DECEDENT	et and number)	9b.			CARROLL  CARROLL  CARROLL  CARROLL  CARROLL  CARROLL  CARROLL				
DIRECTOR	10a. STATE 10b. COUNTY	arroll	arroll Westm						LINSIDE CITY LIMITS? YES 2 X NO	
EHAL	10e. STREET AND NUMBER		10f. ZIP CODE					10g. CITIZEN	OF WNAT	COUNTRY?
	722 Woodside I				21157		.S.			
פו רטוא	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	Merried 2 Merried FORCES? 1 YEB 2000				NC ORIOINI In, Puerto R y:	? (Specify Yes of ican, atc.)		Black, Wi	American Indian, olfa, atc. Nhite
7		15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Sacondary (0-12)  College (1-4 or 5 +)					KIND OF BUSI	NESS/INDUST	RY	
COMPL			Housewife							
- 1	17. FATHER'S NAME (First, Middle, Last) George W. Hopk	rins	18. MOTHER'S NA					urname)		
D L	19a. INFORMANT'B NAME (Type/Print)		19b, MAILINO ADI	Fannie  19b. MAILINO ADDRESS (Street and Number or Rural I				State. Zio Co	de)	
2	Buddy Long							21157		
	20e. METHOD OF DISPOSITION 120 Buriel 2 Cremetton 3 Remov	at from State Zob. Pi	PLACE OF DISPOSITION (Name of cametery, cremetory or other place)  Eadow Branch Cemeter				e Westminster, Mo  20c. LOCATION - City or Town  Westminster			Stata
	21. SIGNATURE OF FUNERAL SERVICE LICEN			22. NAME AI	o adoress of Fa S D. F1 Fast Ma Minster	etch	ner &	Son	Fune	eral Home
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory errest, ahock, or heart fellum. List only one ceuse on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in deeth)  DUE TO (OR AS A CONSEQUENCE OF):								,	Approximete Interval Between Onset and Death
FILLICALION	Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  c. DUE TO (OR AS A CONSEQUENCE OF):									
MEDICAL C	PART II. Other algorificent conditions  ACTLUE CON	CESTIVE H	MAT F	he underlyin		PERFORMED?			24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
	ISCHANIC H					- 1			1 (	YES 2 NO
SICIAN	25. WAS CASE REFERRED TO MEDICAL			26. P	ACE OF GEATH (Ch	eck only on	o)			
		HOSPITAL:		THER: Nursing Hon	e 5 🗆 Residence	8 - Other	(Specify)			
-	27. MANNER OF DEATH  1 Auturel 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	W	URY AT	28d. OES	CRIBE HOW IN	JURY OCCUR	EO	
	2 Accident Investigation	And DI ACC OF IN HIM	At home days store		YES 2 NO		7.01		2	
בובח	3 Suicide 6 Could not be determined	28a. PLACE OF INJURY — building, etc. (Specify)		ot, factory, offic	•	City o	ATION (Street ar or Town, State)	nd Number or	Hurai Flouti	Number,
COMPLE	onel	AN: To the best of my knowled On the basis of examination a							euse(s) an	d menner as stated.
ם ם	296. SIGNATURE AND TITLE OF CERTIFIER	mhm n	D		29c. LICENSE NU			29d. DATE S	GNED (Mo	onth, Day, Year)
	HONKAD G. LAN				on 46.	· u	1357	m1103	ISPL	, 40
	31. DATE FILED (Month, Day, Year) APR 3 90	32. REGISTRAD'S SIGNAT	undson-Rand	282						

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the death	the after	njury. or
hat the death	d by the atter	ny injury, or
res that the death	signed by the atter	rs any injury, or
equires that the death	en signed by the atter	shows any injury, or
law requires that the death	is been signed by the atter	23 shows any injury, or
The law requires that the death	te has been signed by the after	em 23 shows any injury, or
AN: The law requires that the death	tificate has been signed by the atter	item 23 shows any injury, of
SICIAN: The law requires that the death	certificate has been signed by the atter-	d, or item 23 shows any injury, or
PHYSICIAN: The law requires that the death	this certificate has been signed by the atter-	irked, or item 23 shows any injury, or
DING PHYSICIAN: The law requires that the death	After this certificate has been signed by the atten-	marked, or item 23 shows any injury, or
TENDING PHYSICIAN: The law requires that the death	OR: After this certificate has been signed by the atter	itter geatt with the State Cept. Of heatth and montal 18 is marked, or item 23 shows any injury, or
R ATTENDING PHYSICIAN: The law requires that the death	RECTOR: After this certificate has been signed by the atter-	uns arier death with the State Dept. Of health and inventor in 28 is marked, or item 23 shows any injury, or
IL DR ATTENDING PHYSICIAN: The law requires that the death	L DIRECTOR: After this certificate has been signed by the atter	thous are death with the State Dept. Of heath and mental filtem 28 is marked, or item 23 shows any injury, or
SPITAL DR ATTENDING PHYSICIAN: The law requires that the death	IERAL DIRECTOR: After this certificate has been signed by the atter	in /2 hours aret death with the state dept. Or heath and mental IT. If Item 28 is marked, or item 23 shows any injury, or
HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death	FUNERAL DIRECTOR: After this certificate has been signed by the atter	Within 72 hours ared observed, or reach and mental states 1841. If Item 28 is marked, or item 23 shows any injury, or
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the h	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detailed to be a second to b	be ned within 12 hours after death with the state body, of regular and wenter traumatte event, the medical examiner must be notified at one IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatte event, the medical examiner must be notified at one

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	FOR STATE REGISTRAR	STATE OF MA		DEPAR ERTIFI					MENTAL	HYGIEN REG. NO					
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE (	OF DEATH	AV	YEAR	3. TIME O	F DEATH	
	WESLEY Carl	ton	Ī	EE					Apri	2.0	1990	TEAN	6:35	5	Ам
	4. SOCIAL SECURITY NUMBER	5. SEX	B. AGE (In yrs. last		IF UNDER	1 YEAR:	IF UNDER	24 HRS	7. DATE O	F BIRTH	1930		PLACE (Sta	te or Forei	ign
	236-20-5217	1 🙀 M 2 🗆 F	70	YRS.	MONTHS	DAYS	HOURS	MIN.	May	Day, Year)	1919	West	V1	net:	nto
	9a. FACILITY NAME (If not institution, give s				9h CITY	TOWN O	R LOCATIO	ON OF DE		20	-2-2	NTY OF DE		0 5	14-0
Voc.				- 1			land								
0	Memorial Hospital				Gu	mner	Lanu				ATT	egan	У		
S S	10a, STATE 10b, COUNT	1		10c. CITY	r, TOWN O	R LOCAT	ION						10d. INSID	E CITY	
DIRECTOR	Maryland All	egany		Can	mbei	.1							LIMIT 1X YES		0
	10e. STREET AND NUMBER	egany		Cu	mue.		ZIP CODE				10a CITI	IZEN OF W			
FUNERAL	The state of the s	- 011	1 4 9	404	•	101.					log. Citi				
밀	135 N. Mechani							502			L	U.S			
5	11, MARITAL STATUS  1 Never Merried 2 Merried	12. WAS DECEDENT FORCES? 1	YES 2 N	10	13. 1	WAS DECI	ENDENT O	F HISPAN n, Maxica	NIC ORIGIN? In, Puarto R	(Specify Yalican, etc.)	or No-	Black	<ul> <li>America</li> <li>White, etc.</li> </ul>	2.	
B	3 Widowed 4 Divorced	IF YES, GIVE WA	R OR DATES	N II	1	YES	2 <b>X</b> NO	Specify	y:		- 1	Specif	Whi	to	
		P +1	I						L	KIND OF BU			11227	00	
門	15. DECEDENT'S EDU (Specify only highest grade	completed)	(G/	CEDENT'S ive kind of w Do NOT us	vork done o			g	16b.	KIND OF BU	SINESS/INC	DUSTRY			
9	Elementary/Secondary (0-12)	College (1-4 or 5+)			,				- 1	Ret	ail	Ind	ustr	Y	
COMPLETED				Sale	SEa	n								,	
8	17. FATHER'S NAME (First, Middle, Last)									liddie, Maiden					
BE	Unknown						N	ett	ie P	. Sa	nder	8			
2	19a. INFORMANT'S NAME (Type/Print)									er, City or Tox			215	02	
ř	Betty L. Lee		1	135	N. I	lech	ani	c S	tree	t Ap	t. 1	010	Cum	b. 1	MD
	20e. METHOD OF DISPOSITION		20b. PLACE	OF DISPOS	ITION (Na	me of cen	seleny crem	netory or			CATION -		wn, State		2011
	1 Buriel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	oval from Stata	Sunse	t M	emoi	rial	Pa	rk		Cur	mber	land	. M	D	
	21. MONATURE OF FUNERAL SERVICE LI	CENSEE			22.	NAME AN	D ADDRES	SS OF FA							
	Downlos	Hal	Car		Ha	afer	Ch	ape.	l Of	The	Hil	ls N	fort	uar	y
	1000	3.			13	302	Nat	ion	al H	WY L	aVal	e. N	ID 2	150	2
	23. PART i. Enter the diseases, or shock, or heart fellure.				ot anter	tha mo	da of dyl	ing, auc	h as card	iac or resp	iratory an	rest,		roximat	
	IMMEDIATE CAUSE (Finai													et end	
	disaese or condition resulting in death)	_	OR AS A CONSEC me	0/	Ca										
	resulting in death)	DUE TO (	OR AS A CONSEC	DUENCE OF	F):								1		
-	_	20	me	tas7	4 31	<'									
ō	Sequentially list conditions,		OR AS A CONSEC		F):										
ERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING												ļ		
윤	CAUSE (Diseese or Injury that Initiated events	C. DUE TO (	OR AS A CONSEC	DUENCE OI	F):								+		
ΕI	reaulting in death) LAST												ļ		
핑		d											1		
اب	PART II. Other significent condition	ns contributing to d	leath but not r	resulting l	In the ur	nderlylng	ceuse (	given in	Part I.	24a. WAS AI	AUTOPSY	24b.	WERE AUT		
2		COPN								1 YES	/		COMPLETI	ON OF CA	
		Ang-Lo	( )							20			OF DEATH		^
Σ		17 0000							—				1 TYES	2   NC	U
PHYSICIAN: MEDICA															
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		1	OTHE		ACE OF D	EATH (C)	heck only on	e)					
YSI	1 Tes 2 DNO	1 Inpatient 2 -	ER/Outpatiant 3	□ DOA			e 5 □ Ra	esidanca	8 🗆 Other	(Specify)					
표	27. MANNER OF DEATH	28a. DATE OF I (Month, Da		28b. TIM	E OF JURY	28c. INJ WO	URY AT		28d. DES	CRIBE HOW	INJURY OC	CURED			
BY	1 Hetural 5 Pending 2 Accident Investigation				M	1 🔲 '	YES 2	NO							
	3 Suicide S Could not be		INJURY — At ho	ome, farm,	street, fac	tory, offic				ATION (Street or Town, State		or Or Rural F	loute Numb	ør,	
Ī	4 Homicide determined	sammy, s	(5,000)						Only 6	Justin, State	,				
Ē	29a. CERTIFIER 1 CERTIFYING PHYS	CIAN: To the best of	manufadas de	ath cour	ad at the f	time date	and place	and de-	to the eco	eale) ead -	nner ee cie	ted			
COMPLETED	(Check only one) 2 MEDICAL EXAMIN												) and men-	ner sa si-	ited.
8		1//				- parameter		117.12		- in Lincol o					200
ш	29b. SIGNATURE AND TITLE OF CERTIFIE	R/V						766	MBER		29d. DAT	TE SIANED	(Month, De	ly, Year)	
00		~					סכע	,, 00				4/3	191	1	
2															

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Dr. Poonai

31. DATE FILED (Month, Day, Year) APR 0.6 1990

719 Williams Street Cumberland, MD.

32, REGISTRAR'S SIGNATURE

DHMH-18 Rev 1/89

DHMH-16 Rev 1/89

	it. Pages 1, 2, 3 should	-	CONTRACTOR OF THE PERSON OF TH
THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MAR	CERTIF	ICATI	OF	DEAT	ANU M	IENIAL HYGIE REG. N			
	1. OECEOENT'S NAME (First, Middle, Last)  RUTH LABO	USEUR						2. DATE OF OEATH	82	9°0°	3. TIME OF DEATH 9.50 D M
!	4. SOCIAL SECURITY NUMBER 579 48 8176	5. SEX 8. AV	SE (In yrs. lest birthdey) 84 YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	1005	a. BIRTI	IPLACE (State or Foreign
H.	90. FACILITY NAME (If not institution, give st NORTH ARUNDE	met and number)	04	<b>96. CIT</b>	LEN	B U R	N OF DEA	Oct. 19	_		ginia RUNDEL
HOL	RESIDENCE OF DECEDENT  JOHN STATE  10b. COUNTY		100 CT	Y, TOWN (	OR LOCAT	ION					10d. INSIDE CITY
FUNERAL DIRE	CONT	Arundel	100.71	roft		ION					LIMITS?
AL	10e. STREET AND NUMBER					ZIP CODE			10g. CI	rizen of	WHAT COUNTRY?
NEH	2324 Weymouth La					1114			_	V	States
BY FU	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Divorced	12. WAS DECEDENT EVE FORCES? 1 Y IF YES, GIVE WAR O	ES 2 NO		If yes, sp		ı, Mexican	C ORIGIN? (Specify ), Puerto Rican, etc.)	Yee or No—	14. RAC Blac Spec	E — American Indien, k, White, etc. #y: White
8	15. DECEDENT'S EDUC (Specify only highest grade	ATION completed)	16a. DECEDENTS (Give kind of Me. Do NOT a	USUAL O	CCUPATIO	ON st of working	g	16b. KIND OF E	USINESS/IN	DUSTRY	
	Elementary/Secondery (0-12)	College (1-4 or 5+)	Section					Natio	nal G	eogr	aphic
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)		J Section	II CII	161	18. MOTH	IER'S NAM	NE (First, Middle, Maid			
BE C	James Madison Orn	c						England_			
2	19e. INFORMANT'S NAME (Type/Print)							oute Number, City or 1			111/
	John Labouseur		20b. PLACE OF DISPO					Crofton M	LOCATION -		
	1 X Burial 2 Cremation 3 Remo		Fort Lin						entwo	od M	aryland
	21. SIGNATURE OF FUNERAL SERVICE LIC		0			D ADDRES		Funeral H	lome.	P.A.	
_	23. PART I. Enter the diseases, pro	cum	1 res		1600	0 Anı	napo]	lis Road	Bowie	Md.	20715
CATION	shock, pr heart failure.  IMMEDIATE CAUSE (Final disease pr condition reaulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease pr injury	a. AUXC DUE TO (OR A		OFFE THE	La Ca	/m	30	ites	Cole		Approximata Interval Between Onset and Death
CERTIFICATION	that initiated events resulting in death) LAST	DUÉ TO (OR A	AS A CONSEQUENCE (	OF):							/- /
ICAL	PART II. Other algnificant condition	a contributing to deal	h but not resulting	in the u	ndertyin	g cause g	jiven in i	PERF	AN AUTOPS' CORMED?	24	b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MED								_			1 TYES 2 NO
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		T		ACE OF D	EATH (Che	ick only one)	-		
YSI	1 _ YES 2 _ NO	1 Inpatient 2 ER/			rsing Hon		sidence	a 🗆 Other (Specify)			
ву Рн	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident investigation	28a. DATE OF INJU (Month, Day, Ye	ar) th	JURY M	1 🗆	PURY AT DRK? YES 2	□ NO	28d. DESCRIBE HO			
0	3 Suicide 6 Could not be 4 Homicide datermined	building, etc. (	URY — At home, farm. Specify)	, street, rac	тогу, опи	•		26f. LOCATION (Stre City or Town, Str		er or Hurai	rioute Number,
COMPLET	cool only	CIAN: To the best of my k									(s) and manner as stated.
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIED	Thank	7227	B		29c. LICE	ENSE NUM	Z3	29d, D/	ATE SIGNE	D (Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WH CONSTANTINE PA	DUSSIS, M.	D. 500	e, Print) EMP I	RE	TOWE	RS	GLEN BU	RNIE	, M[	21061
	31. DATE FILED (Month, Day, Year) ADD 06 '90	32. REGISTRAR'S	signature on-Randall								



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	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 sho filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.
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31. DATE FILED (Morith, Day, Year) APR 05 90

	1	REGISTRAR  I. DECEDENT'S NAME (First, Middle, Last)	1 -		EKIIF	ICATE	UF	DEATH	2. DATE OF	REG. NO.		3. TIME OF DEATH
		E DN A	LEWI	5 I	Edna		Lev	wis	MONTH	DAY	1990	11.30
	4	I. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. I	last birthday)	IF UNDER	1 YEAR	IF UNDER 24 HRS.	7. DATE OF (Month, D	BIRTH	6. BIR	THPLACE (State or Foreign
-	- 11	060-36-3093	1 - M 2 X F	46	5 YRS.				Feb.	25.19	944 Vi	irginia
/		Pa. FACILITY NAME (If not institution, give						PR LOCATION OF E		90	c. COUNTY OF	FDEATH
ECTÓR		6508 Clearfiel	d Court			Сар	ita]	Height	S		Pri	ice Georges
DIRE		IOa. STATE 10b. COUNT			10c. CIT	Y, TOWN O	R LOCAT	ION				10d. INSIDE CITY LIMITS?
		Maryland Prin	<u>ce George</u>	<u>S</u>	Ca	apita		eights ZIP CODE		100	O- CITIZEN O	1 TYES 2 NO
FUNERAL		6508 Clearfiel	d Court				1.01	20743		10		
N S	1	II. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S.	ARMED			ENDENT OF HISPA	NIC ORIGIN?			ACE — American Indian,
BY F	111 '	Never Married 2 Married		YES 2 AR OR DATES				ecity Cuban, Maxic 2 NO Spec		an, atc.)	2.55	lack, White, atc. pecify:
ED 8		15. DECEDENT'S EDI	LICATION	160 1	DECEDENT'S	LISUAL OC	CLIDATIC	N	10h V	ND OF BUSINE	EGG / INDI IGTED	Black
ETE		(Specify only highest grad Elementary/Secondary (0-12)		- 6	(Give kind of the. Do NOT u	work done o	during mo	et of working	100. K	ND OF BUSINE	ESS/INDUSTRI	
AP.		Library, Secondary (6 12)	1		<i>l</i> arifi	er			11	S GOV	Arnmor	1 to
COMPL	1	17. FATHER'S NAME (First, Middle, Last)						16. MOTHER'S N				
111		Robert M. Mayo							АН	The second second		
TO BI		ISB. INFORMANT'S NAME (Type/Print)						and Number or Rure				
	-	Sonva A. Lewis		20b, PLAC	E OF DISPO			netery, cremetory or	Capita	Hoig	hts N	ID 20743
E E		1 M Buriel 2 Cremation 3 Rer	movel from State	other	place)						natan.	
	3	11. SIGNATURE OF FUNERAL/SERVICE L	ICENSEE	-	- /111	LIVWL				I FIWI	Id Idu	
		( ) //	-71	1	//	22.1	NAME AN	Cemeter y	ACILITY		,	
examiner must be	ı	· Kakeet	29/	the	)m	-				430	U8 6***	+land Dd
nical exam		23. PART I. Estar the diseases, or	complications that		death/Do	Ro	bert	E. Wil	helm,I	430 nc. Su:	08 Sui itland	tland Rd.
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		ahock, or heart failure.	complications that. Liet only one cau	lio-fi	death Do ne.	Roll enter	bert	E. Wil	helm, I	430 nc. Su:	08 Sui itland	tland Rd.   MD. 20746
		ahock, or heart failure IMMEDIATE CAUSE (Final disease or condition	complications that. Liet only one cau	ise Dn each lli	death Do ne.	Roll enter	bert	E. Will	helm, I	430 nc. Su:	08 Sui itland	tland Rd.   MD. 20746
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HYSICIAN: MEDICAL CERTIFICATION		shock, or heart failure  IMMEDIATE CAUSE (Final disease or condition reaulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II, Other significent condition  LAST  LAST  PART III, Other significent condition  LAST  PART III, Other significent condition  LAST  PART III, Other significent condition  LAST  PART III, Other significent condition  LAST  PART III, Other significent condition  LAST  PART III, Other significent condition  LAST  PART III, Other significent condition  LAST  PART III, Other significent	a. Carca Due to b. Vascum Due to c. Syscam Due to d. Due	(OR AS A CONS (OR AS A CONS (OR AS A CONS (OR AS A CONS (OR AS A CONS (OR AS A CONS (OR AS A CONS (OR AS A CONS (OR AS A CONS (OR AS A CONS (OR AS A CONS	SEQUENCE CONTROL TO THE PROPERTY OF THE PROPER	RO RO RO RO RO RO RO RO RO RO RO RO RO R	the mp	E. Will  GYPES  Thama  G cause given in  ACE OF DEATH (Come 5 % Residence	the Im, I	430 nc. Su: c pr respirate performe: Performe: Yes 2	O8 Sui itland bry arrest,	Approximate Interval Betw Onset and Donset a
D BY PHYSICIAN: MEDICAL CERTIFICATION		shock, or heart failure  IMMEDIATE CAUSE (Final disease or condition reaulting in death)  Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART IIn Other significent condition  Chan L  PART IIn Other significent condition  Chan L  EXAMINERY 1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 6 Could not be	a. Q & C.  DUE TO b. VA SCM DUE TO c. SYS G M DUE TO d.  HOSPITAL: 1   Inpatient 2    26a. DATE OF (Month, D)  28b. PLACE OF	(OR AS A CONS (OR AS A CONS (OR AS A CONS (OR AS A CONS (OR AS A CONS (OR AS A CONS (OR AS A CONS (OR AS A CONS (OR AS A CONS (OR AS A CONS (OR AS A CONS	SEQUENCE COMPANY OF THE PROPERTY OF THE PROPER	ROI not enter	the mp	E. Will  de of dying, au  GYPES  The ama  g cause given in  ACE OF DEATH (Come 5 M. Residence  UURY AT  PKS 2 NO	the Im, I:  the as cardial  the chast cardial  the chast cardial  the chast cardial  the chast cardial  the chast cardial  the chast cardial	430 nc . Su: c or respirate  ta. Was an autrement of the second of the s	O8 Sui itland pry arrest,  TOPSY ID? INO	Approximate Interval Betwood Onset and D  24b. WERE AUTOPSY FINDIA MAILABLE PRIOR TO COMPLETION DF CAU OF GEATH?  1 YES 2 NO
ED BY PHYSICIAN: MEDICAL CERTIFICATION		shock, or heart failure  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent condition  PART II. Other significent condition  CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent condition  CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent condition  CAUSE (Disease or injury that initiated events resulting in death)  III. Other significent condition  CAUSE (Disease or injury that initiated events resulting in death)  AST (CAUSE (DISEASE)  PART II. Other significent condition  CAUSE (	a. Q & C.  DUE TO b. VA SCM DUE TO c. SYS G M DUE TO d.  HOSPITAL: 1   Inpatient 2    26a. DATE OF (Month, D)  28b. PLACE OF	(OR AS A CONS (O	SEQUENCE COMPANY OF THE PROPERTY OF THE PROPER	ROI not enter	the mp	E. Will  de of dying, au  GYPES  The ama  g cause given in  ACE OF DEATH (Come 5 M. Residence  UURY AT  PKS 2 NO	the Im, I:  the as cardial  the chast cardial  the chast cardial  the chast cardial  the chast cardial  the chast cardial  the chast cardial	430 C Su: C Dr respirate  Aa. WAS AN AUT PERFORME YES 2   Specify) RIBE HOW INJU	O8 Sui itland pry arrest,  TOPSY ID? INO	Approximate Interval Betwoonset and D  Approximate Interval Betwoonset and D  24b. WERE AUTOPSY FINDS AMILABLE PRIOR TO COMPLETION OF CAUSOF C
PLETED BY PHYSICIAN: MEDICAL CERTIFICATION		shock, or heart failure  IMMEDIATE CAUSE (Final disease or condition reaulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II Other significent condition  Chance Augustian  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation 3 Suicide 6 Could not be 4 Homicida  200 CIRTIFIER Check only 1 CERTIFYING PHYS	Complications that Liet only one cau  a.	(OR AS A CONS (OR AS A CONS (OR AS A CONS death but not  ER/Outpatient  INJURY ley, Year,  This injury  The injury	SEQUENCE COMPANY SEQUEN	In the under the time at the t	derlying  26. PL  3: aling Hom  26c. tNJ  ory, office	E. Will.  Gyres  Thama  g cause given in  LACE OF DEATH (C. 1985)  LACE	the Im, I:  the As cardial  the As cardial  the As cardial  the As cardial  the As cardial  the As cardial	430 C SUIT RESPIRATE  SEA. WAS AN AUTPERFORMER PERFORMER VES 2  Specify)  NIBE HOW INJUINATION, State)  (a) and manner	O8 Suiitland itland Dry arrest,  TOPSY DP? INO  Number or Run r ea stated.	Approximate Interval Betwood Onset and D  24b. Were Autopsy Find AMAILABLE PRIOR TO COMPLETION OF CAU OF GEATH?  1 YES 2 No
PLETED BY PHYSICIAN: MEDICAL CERTIFICATION	3	shock, or heart failure  IMMEDIATE CAUSE (Final disease or condition reaulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II, Other significent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 6 Could not be datarmined  29a CERTIFIER I DECK Only  21 MEDICAL EXAMIN	a. Carcalla that Liet only one cau  a. Carcalla that the cauche of a cauche of	(OR AS A CONS (OR AS A CONS (OR AS A CONS death but not  ER/Outpatient  INJURY ley, Year,  This injury  The injury	SEQUENCE COMPANY SEQUEN	In the under the time at the t	derlying  26. PL  3: aling Hom  26c. tNJ  ory, office	E. Will.  Gyres  Thama  g cause given in  LACE OF DEATH (C. 1985)  LACE	the Im, I:  the As cardial  the As cardial  the As cardial  the As cardial  the As cardial  the As cardial	430 C SU: C Dr respirate C pr respirate PERFORMEI YES 2  ON (Street and divining, State)  (a) and manner and place, and de	O8 Sui itland bry arrest,  TOPSY ED? NO Number or Rur r se stated.	Approximate Interval Betw Onset and Done Interval Betw Onset and Done Interval Betw Onset and Done Interval Betw Onset and Done Interval Betw Onset and Done Interval
Is marked, or item 23 shows any injury, or other traumatic event, the medical D BY PHYSICIAN: MEDICAL CERTIFICATION	2	shock, or heart failure  IMMEDIATE CAUSE (Final disease or condition reaulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II Other significent condition  Chance Augustian  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation 3 Suicide 6 Could not be 4 Homicida  200 CIRTIFIER Check only 1 CERTIFYING PHYS	a. Carcalla that Liet only one cau  a. Carcalla that the cauche of a cauche of	(OR AS A CONS (OR AS A CONS (OR AS A CONS death but not  ER/Outpatient  INJURY ley, Year,  This injury  The injury	SEQUENCE COMPANY SEQUEN	In the under the time at the t	derlying  26. PL  3: aling Hom  26c. tNJ  ory, office	E. Will.  Gyres  Thama  g cause given in  LACE OF DEATH (C. 1985)  LACE	the Im, I ch as cardial the Im	430 C SU: C Dr respirate C pr respirate PERFORMEI YES 2  ON (Street and divided in the control of the control o	O8 Sui itland bry arrest,  TOPSY ED? NO Number or Rur r se stated.	Approximate Interval Betw Onset and Donset a

Savidson-Randall

DHMH-16 Rev 1/89

THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within fours after death. Page 6 may be ratained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If hem 28 is marked, or liter 23 shows any Inlury, or other traumatic event, the medical examiner must be notified at once.
F	1 8	=

	FOR STATE REGISTRAR	STATE OF MARYLAN			F HEALTH AND	MENTAL HYGIEN	IE .	0 11161
	1. OECEDENT'S NAME (First, Middle, Last)	HMAN				2. DATE OF OEATH		3. TIME OF DEATH
-	565-03-2103	M 2 □ F	77 YRS.	IF UNDER 1 YE MONTHS DA	YS HOURS MIN.	7. OATE OF BIRTH (Month, Day, Year) Apr. 26, 19	012 W	BIRTHPLACE (State or Foreign Country) ashington
TOR	90. FACILITY NAME (If not institution, give street  SOUTHERN MAR)  RESIDENCE OF DECEDENT	LAND HOSP	ITAL	-	WN OR LOCATION OF	DEATN	PRINC	
FUNERAL DIRECTOR	Michigan Genes	ee		y, town on L artz (				10d. INSIDE CITY LIMITS? 1 YES 2 X NO
RAL	100. STREET AND NUMBER 10197 Reid Rd.				101. ZIP CODE 48473			G.A.
BY FUNE		FORCES? 1 TYPES : IF YES, GIVE WAA OR DATE 1930-1934	2 NO	If ye	DECENDENT OF NISP	ANIC ORIGIN? (Specify Yearn, Puarto Rican, atc.)	s or No 14.	RACE - American Indien, Black, While, etc. Specify: White
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade con Elementary/Secondary (0-12) 12	ION to	_	vork done durin ne retired.)	PATION g most of working	16b. KIND OF BU		
OME	17. FATHER'S NAME (First, Middle, Last)		Forem	an	18. MOTNER'S N	Genera  IAME (First, Middle, Maider		rs Plant
BE C	John Leehman				011ie	Wilson		
TO E	19e. INFORMANT'S NAME (Type/Print)					And Annual Number, City or Tox		
	Catherine Leehman  20a. METHOO OF DISPOSITION 1   Burial 2 St Cremetion 3   Remove 4   Donation 5   Other (Specify)	I from State 01	LACE OF DISPOS ther place)	SITION (Name o	of cometery, crematory or		OCATION — City	or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LIGHT	HER.	Ced	ar Hi	1 Cremato	ACILITY	tland,	itland Rd.
	Dega	Telban		Robe	ert E,Wilh			nd, MD.20746
	23. PART I. Enter the diseases, or con abock, or heart fellure. Lis IMMEDIATE CAUSE (Final disease or condition resulting in death)	t Drily Die Ceuse on each	H line.  GESTIV  ONSEQUENCE OF	E HEA	ART FAII	LURE		Interval Batwean Onset and Daath
CERTIFICATION	Sequentially list conditions, if emy, leading to immediate ceuse. Enter UNDERLYING CAUSE: (Disease or injury that initiated events	OUE TO (OR AS A CO	ONSEQUENCE OF	F): CIVE I				BRONCHITIS
SER	resulting in death) LAST	left lower	lung	pneur	nonia.			weeks.
PHYSICIAN: MEDICAL	malignant effus with reflux gas nonoliguric ren	ion(left lation) tritis and	ung).H	liatus of g.i	hernia i. bleed	ings PERFO	PMED?	24b. WERE AUTOPSY FINDINGS AMBILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN?  1  YES 2 NO LS.
ICIA		IOSPITAL:		OTHER:	6. PLACE OF DEATH (			
BY PHYS	1 VES 2 NO 1  27. MANNER OF DEATN  1 N Netural 5 Pending Investigation	Inpetiant 2 ER/Outpeti	28b, TIM	E OF 28	Nome 5 Residence  INJURY AT WORK?  YES 2 NO	28d. DEŞCRIBE NOW	INJURY OCCUR	ED
	3 Suicide S Could not be detarmined	28e. PLACE OF INJURY — building, etc. (Specify)	Al home, ferm,	street, factory,	office	281. LOCATION (Street City or Town, State		Rurel Route Number,
COMPLETED	2001	N: To the best of my knowled On the basis of axamination a						nuse(a) and menner as stated.
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER  DOTTO  30. NAME AND ADDRESS OF PERSON WHO CO	or unto	H STEM 27) (See	Chelints	29c. LICENSE N			GNED (Month, Day, Year) RIL 1 1990
	PETER W. YIM M.D		BRANC		E. SUITE	101,CLIN	TON, M	ARYLAND 20735
	4DD 0 F 100	la Savidson-Rand						

use as the burial-transit permit. Pages 1, 2, 3 should

signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for Health and Mental Hygiene prior to burial, cremation, or removed: TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remession with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remession with the State Dept. or New 3 shows any Injury, or other traumatic event, the medical examiner must be notified at THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

2

COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BE

2

	1 - STATE REGISTRAR	STATE OF M		DEPAR					MENTAL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Las Merrill	E. Lofthou	ıse						2. DATE OF DEATH MONTH April 8,	1990	YEAR	3. TIME OF DEATH  12:40 AM
	4. SOCIAL SECURITY NUMBER 070-20-0237	5. SEX 1 X M 2 T F	8. AGE (In yrs. In:	t birthday) YRS.	IF UNDER	DAYS	IF UNDES	MIN.	7. DATE OF BIRTH (Month, Day, Year) April 11,		8. BIRTH	PLACE (State or Foreign y) sylvania
OR	FACILITY NAME (If not institution, given 17777 Bowie Mil	The state of the s				erwo	od od	ON OF D	EATH		Itgom	
DIRECTOR	RESIDENCE OF DECEDENT  100. STATE  100. COUNTY  Maryland  Mon	tgomery			y, town		TION					10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 17777 Bowie Mill	Road				101	20 200	€ 1855				tates
BY	11. MARITAL STATUS  1 Never Married 2 Married  3 Wildowed 4 Divorced	12, WAS DECEDENT FORCES? 1 IF YES, GIVE W	X YES 2 1			If yes, sp		en, Mexica	NIC ORIGIN? (Specify Ye in, Puerto Ricen, etc.) y:	s or No—	14. RACE Black Speci	E — American Indian, k, White, atc.  White
COMPLETED	15. DECEDENT'S EI (Specify only highest gra Elementary/Secondary (0-12)		) (6	ECEDENT'S live kind of a. Do NOT u	work done se retired.)	durina mo		ing	166. KIND OF BU			
BE CON	17. FATHER'S NAME (First, Middle, Last) Walter H. Lof	thouse							ME (First, Middle, Maider Merrill	Sumame)		
5	196. INFORMANT'S NAME (Type/Print) Eleanor L. Hu	ghes	- 1						Route Number, City or Too Derwood			d 20855
	20s. METHOD OF DISPOSITION 1	emoval from State	20b. PLACE other p Metr	of dispo							- City or To	wn, State Virginia
	21. SIGNATURE OF FUNDINAL SERVICE	Hoan				.0 Ea	ist I	eer)	Park Driv Marvland	e		ome
	23. PART I. Enter the diseases, or shock, or heart failur	r complications that	t caused tha de	asth, Do								Approximate Interval Between

CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in desth) LAST PART II. Other significant conditions contributing to death but not reaulting in the underlying cause given in Part 1.

Coronary Artery Disease

Urinary Sepsis

DUE TO (OR AS A CONSEQUENCE OF):

DUE TO (OR AS A CONSEQUENCE OF):

Metastatic Prostate Cancer

IMMEDIATE CAUSE (Final disease or condition resulting in death)

Sequentially list conditions,

if any, leading to immediata cause. Enter UNDERLYING

24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO 1 | YES 2 | NO

25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEATH (Check only one)							
EXAMINER?  1 YES 2 X NO	HOSPITAL: 1   Inpatient 2   ER/Outpatient :	DOA 4	● 6 □ Other (Specify)						
27. MANNER OF DEATH  1 X Natural 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK?  1 YES 2 NO	28d. DEŞCRIBE HOW INJURY OCCURED					
3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At he building, atc. (Specify)	ome, farm, atreet,	factory, office	261. LOCATION (Street and Number or Rural Route Number, City or Town, State)					

CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(a) end manner as stated

29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BM0223482 April 9, 1990

ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

19642 Club House Road J. Gaithersburg, Maryland Thomas McNamara

APR 1 0 32 REGISTRAR'S SIGNATURE Julia Davidson-Randole Onset and Desth

## requires that the death OF VITAL RECORDS, The law OR ATTENDING PHYSICIAN: DIVISION

BE

2

296. SIGNATURE AND TITLE OF CERTIFIER

30

MAURICE

31. DATE FILED (Month, Day, Year)

3

30 HAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

APR

66

32. REGISTRAR'S SIGNATURE

nysician.	urial-tran	
TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-tran be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	
or atte	use :	
ospital	of bed	eš.
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G PHY	er this	arke
ENDIN	R: After dea	B Is m
R ATT	IRECTO Urs aft	em 28
TAL 0	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi be filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
HOSP	FUNE	TANT
0 THE	THE S	MPOH
1	FA	==

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 324 MONTH LEE -ORETTA 79 PH 90 4. SOCIAL SECURITY NUMBER 6. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign Day, Year) 215 96 8201 DAYS HOURS MIN. 1 M 2 F USA YRS. 64 10 9a, FACILITY NAME (If not institution, give street and number 9c. COUNTY OF DEATH 9b. CITY. TOWN OR LOCATION OF DEATH Howard DIRECTOR COUNTY HOWAND CO COLUMBIA 10a, STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD CUL 1 YES 2 NO Howard Um 514 FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 2/044

13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— USA CEPAR 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 10 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. It yes, specify Cuban, Moritcan, Puario Rican, etc.)

1 YES 2 10 Specify: 1 Nover Married 2 Married IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced BURCH COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade complete) Elementary/Secondary (0-12) College (1-4 or 5+) GRADE DAYNAGE HELPER 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumame) DRAGE. DROTHO BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or vn. State. Zio Code EORGE Box 1057 01/08 FLLICOTTCITY MD. 21043 20a, METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, State Burlal 2 Cremation 3 Removal from State COOKSUILLOMD □ Donation 6 □ Othar (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Haight HAIGHTF. H. BOX 195 23. PART i. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiac of respiratory shock, or heart failure. List only one cause on each line. **Approximate** eart failure. List only one cause on each line. interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition ACQUIRED IMMUNDOEFICIENCY SYNDROMED DUE TO (OR AS A CONSEQUENCE OF): resulting in death) ANOXIC ENCEPHALOPATHY
DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentisity list conditions, if any, leeding to immediate PNEUMO CYSTIS

DUE TO (OR AS A CONSEQUÊNCE OF): ceuse. Enter UNDERLYING CAUSE (Disease or Injury NEUMONIA ZWKS that initiated events resulting in death) LAST PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PHYSICIAN: MEDICAL PERFORMED? AWAILABLE PRIOR TO CANDIDIASIS COMPLETION OF CAUSE OF DEATH? 1 | YES 2 | 10 DSLS 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSBITAL: OTHER: stlant 2 - ER/Outpetient 3 - DOA ng Home 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending М 1 YES 2 NO BY 2 Accident Investigation 28s. PLACE OF INJURY — At home, farm, street, fectory, office building, atc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined COMPLETED 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated. 2 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.

9650 SANTIAGO Road Sine 109

Julia Savidson-Randall

90

29d. DATE SIGNED (Month, Day, Year)

Columbus MD 21045

The second of th

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL	HYGIENE
CERTIFICATE OF DEATH		REG. NO.

	1 - FOR STATE OF MARYLAND / CI	DEPARTMENT ERTIFICATE		MENTAL HYGIEN REG. NO.	E	
	1. DECEDENT'S NAME (First, Middle, Lest)  Charles Evin Livesay			2. DATE OF DEATH DAY April	Ť, 19 <sup>°</sup> 9	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. let			7. DATE OF BIRTH (Month, Day, Year)	8. Bil	RTHPLACE (State or Foreign untry)
	229 34 0418 1\mathbb{R} M 2 \Box 61	YRS.	DAYS HOURS MIN.	Feb. 28	1929	Tenn.
nr.	9s. FACILITY NAME (If not institution, give street and number)	9b. CITY, 1	TOWN OR LOCATION OF DE		9c. COUNTY O	
<u>D</u>	5314 Fleming Road		Mt. Airy	7	Carro	011
DIRECTOR	Md. County Carroll	10c. CITY, TOWN OR	Mt. Airy	7		10d. INSIDE CITY LIMITS? 1 YES 2 NO
	10e. STREET AND NUMBER		101. ZIP CODE		10g. CITIZEN O	F WHAT COUNTRY?
EB	5314 Fleming Road		21771			USA
BY FUNERAL	11. MARITAL STATUS  1 Never Married 2 Merried  3 Widowed 4 Diwrced  12. WAS DECEDENT EVER IN U.S. AF FORCES? 1 YES 25 JIF YES, GIVE WAR OR DATES	11 019	AS DECENDENT OF HISPAN yes, specify Cuben, Maxice  YES 2 NO Specify	n, Puarto Ricen, etc.)	8	ACE — American Indian, lack, While, alc. Decily: White
ED	15. DECEDENT'S EDUCATION 16a. DI (Specify only highest grade completed) (G	ECEDENT'S USUAL OCC	CUPATION uring most of working	16b. KIND OF BUS	BINESS/INDUSTR	Υ
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+)	Rive kind of work done due to NOT use retired.)  Custodia		0	School	
BE CON	17. FATHER'S NAME (First, Middle, Last) Dewey Livesay		18. MOTHER'S NA	ME (First, Middle, Maiden Addie		ingsworth
TO B			Street and Number or Rural I			
Н	Mary L. Livesay		leming Rd.			
	20e METHOD OF DISPOSITION  1 Burlel 2 Cramation 3 Removal from State  4 Donation 5 Other (Specify)	View C	e of comotory, cromatory or	SV	CATION - City of	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	22. N	AME AND ADDRESS OF FA	CILITY	BOX	195 swife, Mc
CERTIFICATION	23. PART I. Enter the diseases, propagation of the caused the dishock or heert failure. Liet only processed the disease or condition resulting in death)  Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  Liet only processed the disease or propagation. Liet onl	EQUENCE OF):				Approximate interval Batween Onset and Death
PHYSICIAN: MEDICAL C	PART II. Other significent conditions contributing to deeth but not	resulting in the und	ierlying couse given in	Part i. 24a. WAS AN PERFOR	PMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL		28. PLACE OF DEATH (Ch	eck only one)		
SIC	EXAMINER?  1 YES 2 NO 1 Inpatient 2 ER/Outpatient	OTHER		6 Other (Specify)		
	27. MANNER OF DEATH  25c. DATE OF INJURY (Month, Day, Year)		28c. INJURY AT WORK?  1 YES 2 NO	28d. DESCRIBE HOW I	NJURY OCCURE	
TED BY	2 Accident investigation 3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At he building, etc. (Specify)	ome, farm, street, facto	ry, office	28f. LOCATION (Street City or Town, State)	end Number or Ru	rai Route Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, done) 2 MEDICAL EXAMINER: On the basis of axamination end/or					se(e) and manner as stated,
18	29b. SIGNATURE AND TITLE OF CERTIFIER		29c. LICENSE NUI	MBER 2 C	29d. DATE SIGN	NED (Month, Day, Year)
10	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITTE DE CAUSE OF	D. 501	W. 7th	St. Fre	derich	(, M) 21701
	APR 3 '90 de Mai	1 . 72 . 4 00				

DHMH-16 Rev 1/89

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR

TO BE COMPLETED BY FUNERAL DIRECTOR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR		CE	RTIF	CATE O	F DEATH		REG. NO	).				
1. DECEDENT'S NAME (First, Middle, Last)							E OF DEATH		755	3. TIM	E OF DEATH	_
MARY A	gnes	LEAHY				MON	3/28/9	OAY O	YEAR	6.	30PM	N
4. SOCIAL SECURITY NUMBER	-	. AGE (In yrs. last i	birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH		S. BIRTH	_	(State or Foreign	
578-30-3316	1 🗆 M 2 📈	78	YRS.	MONTHS DAYS	HOURS MIN.		1. 24,	1912	Was		DC	
9a. FACILITY NAME (If not institution, give s PRINCE GEORGES HO		NITED			OR LOCATION OF D	DEATH			NTY OF D		DCE	
RESIDENCE OF DECEDENT		MILL						I PRI	NCE	GEO	KGE	_
Maryland Prin	r ce George	s		r, town on Loc rentwo							NSIDE CITY	
10e. STREET AND NUMBER					101. ZIP CODE			10g. CIT	IZEN OF V	- 4-3		_
4327 Lawrence St					207/22				USA			
11. MARITAL STATUS  1 Never Merried 2 Merried  3 Widowed 4 Divorced	12. WAS DECEDENT I FORCES? 1 _ IF YES, GIVE WAF	YES 2 NO	D D	If yes,	ECENDENT OF HISPA specity Cuban, Mexic ES 2 X NO Spec	en, Puerto		s or No-	Speci	k, White	erican Indian, o, atc.	
15, DECEDENT'S EDU	CATION	16e, DEC	EDENT'S	USUAL OCCUPA	TION	16	b. KIND OF BL	JSINESS/INI				_
(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	Ille. L	e kind of w Do NOT us	vork done during se retired.)	most of working							
12th		Hom	emal	ker			Owr	1 Hom	1e			
17. FATHER'S NAME (First, Middle, Last)					16. MOTHER'S N	AME (First,	Middle, Melder	n Surname)				
Daniel J. Leahy				-	Elizab							
190. INFORMANT'S NAME (Type/Print)  Dennis Thomas					pel Dr.,					2071	15	
20a, METHOD OF DISPOSITION 1 X Burtal 2 Commention 3 Rem	Λ	200 PLACE O	F DISPOS	ITION (Name of	cemetery cremetory or			OCATION -				_
1 X Burtel 2 Commention 3 Rem 4 Donation 5 Other (Specify)	draftrom State	Mt. Ol	livet	Cemet	erv			shino				
21. SIGNATURE OF FUHERAL SERVICE LI	captacy)	1			AND ADDRESS OF F	ACILITY						_
· Yask	1 Doch	Su		4739	Balt. Av	/e.,	Hyatts	ville	, Md			
23. PART I. Enter the diseases, or anock, or heart feliure.	Complications that	caused the des	ith. Do n	ot enter the r							Approximete Intervai Betwe	
IMMEDIATE CAUSE (Finel				0	4	ead	my to	snow	eu,		Onset and De	
disease or condition resulting in death)	· · · · ·	d. and	wy	four K	upture	1 :	1) SE	psi	Š			
	DUE TO (O	R AS A CONSECU	UENCE O	F):	a luni	al	Inena	0,11	1012			
Sequentially list conditions,	b. TW KVY	MALULA OR AS A CONSECU	UENCE OF	m3	aginy;	200	// w w .	3 000	225	+		
if any, leading to immediate cause. Enter UNDERLYING				» de	Mesis -	Kne	uman	nai		İ		
CAUSE (Diseese or injury that initiated events	DUE TO (C	R AS A CONSECU	UENCE O	F):			-			+		
resulting in death) LAST	d											
PART li. Other aignificent condition	ns contributing to d	eath but not re	aulting	In the underly	ing cause given in	n Part i	24e. WAS A	N ALITOPRV	241	WERE	AUTOPSY FINDIN	Ge C
Dealsotta	mell	itus	*	1140			PERFC	PAMED?	246	AWAIL	ABLE PRIOR TO	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			VIUD	12000		1 TYES	2 NO		OF DE	ATH?	
-		_								1 []	YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL				26.	PLACE OF DEATH (C	Check only	one)					_
EXAMINER?  1 YES 2 NO	HOSPITAL:	ER/Outpatient 3	DOA	OTHER:	ome 5 - Residence							
27. MANNER OF DEATH	28e. DATE OF IN	JURY	26b. TIM	E OF 28c.	NJURY AT		EŞCRIBE HOW	INJURY OC	CCURED			_
1 Natural 5 Pending	(Month, Day	to 1990	623		WORK? YES 2 NO							
2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF	INJURY — At hon	9 -		fice		CATION (Street		er or Rural	Route N	umber,	_
4 Homicide determined	building, et	ic. (Specify)				GR	y or Town, Stati	•)				
enel	ICIAN: To the best of m											
One) 2 MEDICAL EXAMIN		mination and/or in	rveatigatio	on, in my opinion	, death occured at th	ne tima, da	te end place, o	end due to t	the cause(	e) end r	nanner ee stated	1.
29b. SIGNATURE AND TITLE OF CERTIFIE	antia D	54-3.i	Paci	dent-	29c. LICENSE NI		,	29d. DA	TE SIGNET	(Month	n, Day, Year)	
1 V C		1			1038				5/2	1/7	U	
30. NAME AND ADDRESS OF PERSON WITH	- PAUL	SING!	1 27) (Type,	Resco	lend- Po	H	c; H	spile	w-3	001	Chene	1
31. DATE FILEO (Month, Day, Year)	32 REGISTRAR	S SIGNATURE						-				
HAZO U.L. JU	C) white south	A LA LOW	-									

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE REGISTRAR		SIAIE UF I	MARTL		RTIF	CATI	EOF	DEA	TH	MICH	REG. NO.			
1. DECEDENT'S NAME (First,	Middle, Las	10									TE OF DEATH			3. TIME OF DEATH
Owen.	M	Lewis .	Sin							MOI	3 29	4	TO YEAR	11070 M
4. SOCIAL SECURITY NUMBI	ER	5. SEX		in yrs. last	birthday)	IF UNDER		IF UNDER	24 HRS.	7. DAT	E OF BIRTH		8. BIRTI	IPLACE (State or Foreign
577-30-49	904	1 M 2 - F	6	3	YRS.	MONTHS	DAYS	HOURS	MIN.	(Mc	115/2	7	New	Jersey
9e. FACILITY NAME (If not ins	titution, giv	e street and number)				9b. CITY	, TOWN C	R LOCATI	ON OF D	EATH	115/2	9c. COI	UNTY OF D	DEATH
Southern Ma	2011	200 1200	cols			C	linto	323					P9	
SOUTHERN MY				-								L	U	
	Pri	nce Geor	ge¹	s			on LOCAT	ing	ton					10d. INSIDE CITY VLIMITS? 1 1 YES 2 NO
10e. STREET AND NUMBER					:		101	. ZIP COD	E			10g. Cl	TIZEN OF Y	WHAT COUNTRY?
7604 Blan	nfor							0744					SA	
11. MARITAL STATUS  1 Never Merried 2 1  3 Wildowed 4 Divor		12. WAS DECEDEN FORCES? 1 IF YES, GIVE N			D C		If yes, sp		n, Mexica	in, Puerl	GIN? (Specify Yea to Ricen, etc.)	or No—	14. RACI Blac Spec	E — American Indian, k, White, etc. elly: Black
15. DECE	EDENT'S E	DUCATION ade completed)			EDENT'S			ON at of worki	na	1	6b. KIND OF BUS	SINESS/IN	DUSTRY	
Elementery/Secondary (0-		College (1-4 or 5	+)	FO.	Do NOT US	p retired	7	FOY	-		7.1	о D	-	7 0 11
Secondary				Gène	eral	. la	bor	ers		i	State	& F.	eder	al Gov't.
17. FATHER'S NAME (First, Mit	ddle, Last)							18. MOT	HER'S NA	ME (Firs	t, Middle, Melden	Sumame)		
Joseph Le	ewis							Rel	beco	ca !	Tyler	Lew	is	
19s. INFORMANT'S NAME (Ty	rpe/Print)										imber, City or Town			
Gladys Le	ewis			17	7604	B1	anf	ord	Dr.	, ]	Fort W	ash	ingt	con, MD.
28r. METHOD OF DISPOSITION 1-12 Burlet 2 Cremstloo 4 Donatton 8 Other	n 3 🗆 R	emovel from State		other place	F DISPOS	SITION (N	ame of cer	metery, crei	mstory or		20c. LO	CATION -	- City or To	own, Stats
21. SIGNATURE OF FUNERAL		LICENSEE	- 10	hel	cem.			O ADDRE						MD. Heights
► Charl	es c	Shopa	A	,										20748
anock, or ne iMMEDIATE CAUSE (Fin disease or condition resulting in death)  Sequentially list conditi if any, leading to immed cause. Enter UNDERLYII CAUSE (Disease or Injuit that initiated eventa resulting in death) LAS	ons, diate NG	a. Chu de DUE TO DUE TO DUE TO DUE TO	COR AS A	consecutive for the second	UENCE OF	h: A	Ine In Sch	- t	edes è C	ni nde	· Meul	er!	Disa	interval Between Oneet and Death
PART II. Other significant		ions contributing to		out not re	esuiting i	in the u	nderlyin	g cause	given in	Part I.	PERFOR	RMED?	7 248	b. WERE AUTOPSY FINOINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
	7										1 🗆 YES 2	NO		OF DEATH?  1 YES 2 NO
The same of the														
25. WAS CASE REFERRED TO EXAMINER?	MEDICAL							LACE OF E	DEATH (C	heck only	one)			
1 YES 2 NO		HOSPITAL:	ER/Out	petient 3	□ DOA	OTHE 4 Nu		10 5 🗆 R	esidence	8 🗆 0	ther (Specify)			
	Pending		F INJURY Day, Year)		28b. TIM INJ	E OF URY M	WC	URY AT ORK? YES 2	□ NO	28d. 1	DESCRIBE HOW I	NJURY O	CCURED	
3 Suicide 8	investigation Could not determined	28s. PLACE (	OF INJURY	/ — At hon	ne, ferm, s	street, fac	tory, offic	•			OCATION (Street a lity or Town, State)		er or Rural	Route Number,
Totalout ormy		IYSICIAN: To the best of												s) and menner as stated.
29b. SIGNATURE AND TITLE									ENSE NU					D (Month, Day, Year)
Lines 1	whis	By Ms						DI	7/6	62		•	3/3	0/90
JO. NAME AND ADDRESS OF LINDA Whith	M N	who completed cal		RAI		4.	4	CAPE	e h	Me	- lbro	MO	20	772
DI DATE EN CO GALLE DE	460	00 000:000	4 man (0.00)			100					1			

TO THE HOSPITAL OR AITENDING PHYSICIAN. The law requires that the death certificate be executed within. Its after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21203-3146

OHMH-18 Rev 1/89

1	_	STATE	
	-	REGISTRAR	

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CE	:KIII	ICALE	: OF	DEAL	Н	REG. NO.			
	DECEDENT'S NAME (First, Middle, Last)     CLAREN	CE KEITH	1 LOMAX					2.	DATE OF DEATH MONTH DA	25	YEAR 90	3. TIME OF DEATH 04:46 P M
	4. SOCIAL SECURITY NUMBER 310-12-9191		6. AGE (In yrs. less 70	t birthday) YRS.	IF UNDER MONTHS	1 YEAR DAYS	IF UNDER		DATE OF BIRTH	20		PLACE (State or Foreign
DR.	9a. FACILITY NAME (If not institution, give at PRINCE GEORGE <sup>11</sup> S		CENTER			TOWN O		ON OF DEATH	Н		PG	EATH
5	RESIDENCE OF DECEDENT											
FUNERAL DIRECTOR		e George's	s		mar l							10d. INSIDE CITY LIMITS? 1 YES 2 NO
ERAL	100. STREET AND NUMBER 4306 Lawrence Str	eet					0722			U.S		HAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [] IF YES, GIVE WA	X YES 2 N R OR DATES			If yee, sp		n, Maxican, P	ORIGIN? (Specify Yea Puarto Rican, atc.)	or No-	14. RACE Black Specif	- American Indian, White, etc. y: White
	15. DECEDENT'S EDUC	CATION	18a, DE	CEDENT'S	USUAL O	CCUPATIO	ON		16b. KINO OF BUS	SINESS/IND	USTRY	
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12) 1 2th Grade	College (1-4 or 5+)	life.	chini	se retired.)	during ma	est of workin	9	U.S. N	avy `	Yard	
8	17. FATHER'S NAME (First, Middle, Last)						18. MOTH	ER'S NAME	(First, Middle, Maiden	Sumame)		
	Clair Lomax						Nell	ie H	olliday			
BE	19a. INFORMANT'S NAME (Type/Print)		198	. MAILING	ADDRESS	S (Street a	and Number	or Rural Rout	te Number, City or Tow	n, State, Zip	Code)	
일	Margaret B. Loma:	x [wife]	#3	06 L	awre	nce	Stre	et, C	olmar Mai	nor,	Mary	yland 20722
	20a. METHOD OF DISPOSITION  1 N Burlel 2 Premation 3 Rem 4 Donation 9 Other (Specify)		20b, PLACE	OF DISPO	SITION (Na	me of car	metery, crem	atory or	20c. LO	CATION —	City or Tox	
	21. SIGNATURE OF PUNERAL SERVICE LA	Styses ()	Ivial y	and								me, P.A.
	1 Tack /7 15	Sieta	um									Md. 207/8:1
	23. PART I. inter the diseases, or a shock, or heart fellure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. Carato  DUE TO (c  DUE TO (c	e on each line	).				ng, auch a	a cardiec or respi	ratory an	reat,	Approximate Interval Between Onset and Deeth
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	DUE TO (C. Arteria DUE TO (C. DUE TO (C.	OR AS A CONSECUTION OF A CONSECUTION OF A CONSECU	QUENCE O	Can	dis	vasc	ulare	Dusi	tre	>	
	PART II. Other algolificant condition	a contributing to c	death but not r	eaulting	In the ur	nderlyin	g cause g	given in Pa	rt I. 24a. WAS AN		2 4b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDICAL	Deaheren Mell	etus							_ 1 □ YES 2			COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
A	25. WAS CASE REFERRED TO MEDICAL					26. P	ACE OF D	EATH (Check	only one)			
2	EXAMINER?	HOSPITAL:	EB/Outnotlant 2	□ DOA	OTHE	A:						
PHYSICIAN:	27. MANNER OF DEATH  1 Natural 5 Pending	28a. OATE OF II (Month, Da)	NJURY	26b. TIR	-	28c. IN.	JURY AT ORK?	20	Other (Specify)  8d. DESCRIBE HOW I	NJURY OC	CUREO	
TED BY	2 Accident Investigation 3 Suicide a Could not be datarmined	28e. PLACE OF building, a	INJURY — At ho itc. (Specify)	me, farm,	street, fact	tory, offic	:0	26	81. LOCATION (Street City or Town, State)		or Rural R	loute Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICONE) 2 MEDICAL EXAMINE	ICIAN: To the best of n										) and manner as stated.
E C	29b. SIGNATURE AND TITLE OF CERTIFIE	R				_	29c. LICE	ENSE NUMBE	ER .	29d. DAT	E SIGNED	(Month, Day, Year)
0	Lenera Whites	Ken					Di	162			-	
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE	E OF DEATH (ITE	M 27) (Typ	s, Print)		0000		thone "		/	
	21. DATE FILED (Month, Day, Year)  APR 0 2 '90	32. REGISTRAF	S SIGNATURE	_ k	my	6	pra	MAR	1 pour 1	10 2	77	2
	APR 02'90	Julia Davids	n-Aandel	2	~							



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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
THE HOSPITAL DR ATTENDING P	O THE FUNERAL DIRECTOR: After 1	e filed within 72 hours after death v	<b>MPORTANT: If Item 28 is mart</b>
		-	

	FOR STATE OF N  1 - STATE REGISTRAR	MARYLAND / DEP CERT		F HEALTH AND OF DEATH	MENTAL HYGIEN REG. NO		0 11168
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH DO 3 - 30	AY - 1990	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	6. AGE (In yrs. lest birthdi 46 YRS	MONTHS DA	AR IF UNDER 24 HRS. YS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Jan. 29.19	8. BIR Cou	THPLACE (State or Foreign ntry) ryland
OR	9a. FACULTY NAME (If not institution, give street and number)  Harford Huttorial	Hospital		on location of a		9c. COUNTY OF	PEATH
DIRECTOR	nesidence of decedent  10e. STATE  Maryland  Harford	10c.	CITY, TOWN OR L		·		10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER		пачте	de Grace		10g. CITIZEN OI	1 TYES 2 X NO
FUNERAL	315 Robin Hood Road  11. MARITAL STATUS  12. WAS DECEDEN	T EVER IN U.S., ARMED	140 400		078 ANIC ORIGIN? (Specify Ye	U.S.	A .
В	1 Never Married 2 Married FORCES? 1 3 Wildowed 4 Divorced IF YES, GIVE V	YES 2.4 NO	If ye	s, specify Cuban, Mexic YES 2 \( \subsection \) NO Spec	ean, Puerto Rican, etc.)	Bi	ack, White, etc.
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elamentary/Secondary (0-12)  Twelve Years	(Give kind He. Do NO	rrs usual occu l of work done durin of use retired.) Driver	PATION g most of working	Inter-0		us Lines , Maryland
OM	17. FATHER'S NAME (First, Middle, Lust)	/		18. MOTHER'S N	AME (First, Middle, Maider		, mary rand
BE C	John E. Little, Jr.	/			ence Baldwi		
5	19m. INFORMANT'S NAME (Type/Print) Carol Lee Little	10000000			l Route Number, City or Tow Havre de		MJ 21079
	30e METHOD OF DISPOSITION A S Burial 2 Cremation 3 Removal from State 4 Donatism 5 Other (Specify)	20b. PLACE OF DIS		of cemetery, crematory of	20c. L0	CATION - City or	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	-/	22. NAI	ee A. Pat	terson & So	n Funer	al Home
	23. PART i. Enter the tileseses, or complications the	t caused the death. I			, Maryland ich as cardiac or reas		Approximate
1	immediate CAUSE (Final disease or condition resulting in deeth)	Army I	mma	y An	ST		interval Between Onset and Death
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	OR AS A CONSEQUENCE	E OF):	hil	Infar	ch	Low
CERTIFICATION	CAUSE (Disease or injury C.	(OR AS A CONSEQUENC	E OF):			/	
MEDICAL	PART II. Other algorificant conditions contributing a	death but not result	ing in the under	dying cause given		RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1 YES 2 N
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	and or con	OTHER:	26. PLACE OF DEATH (	Check only one)		
HYSI		ER/Outpetient 3 17 DC	DA 4 D Nursing	Home 5 Residence	e 6 Other (Specify)  28d. DESCRIBE HOW	INJURY OCCURED	
ВУ РЕ	Natural 5 Pending (Month,	Day, Year)	INJURY M	WORK?  YES 2 NO	A	INCOMP GOODINES	
0	2 Suicide 28e. PLACE	OF INJURY — At home, fa , etc. (Specify)	rm, street, factory	office	City or Then, State		ral Route Number,
COMPLET	29e. CERTIFIER (Check only one) 2 MEDICAL SKRAMINER: On the basis of						se(a) and manner as stated.
BE CC	29b. SIGNATURE AND TITLE OF CERTIFIER	100		29c LICENSE N	UMBER	29d. OATE SIGN	NEO (Month, Pay, Year)
5	30. NAME AND ADDRESS OF PEASON WHO COMPLETED CA	USE OF DEATH (ITEM 27)	(Type, Print)	1 / 4	λ λ λ . (	110 4	10 2321

2 '90

who Davidson-Randall

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	<b>MENTAL HYGIENI</b>
CERTIFICATE OF DEATH	REG. NO.

	1 - STATE REGISTRAR	CERTIF	ICATE (	OF DEATH	RE	G. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF D	EATH DAY	YEAR	3. TIME OF DEATH
	Shirley F. Long				3	31	10	10,381 H
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. last birthday)		AR IF UNDER 24 HRS.	7. DATE OF BI (Month, Day,		8. BIRT	HPLACE (State or Foreign
	216-34-1290 12M 2 IXF	53 YAS.	WONTHS. DA	TOOMS MIN.	Sept.		936 Nor	th Carolina
	9a. FACILITY NAME (If not institution, give street and number)		9b. CITY, TO	WN OR LOCATION OF D	EATH		c. COUNTY OF	
DIRECTOR	Francis Scott Key Medica	Center	Balt	imore City	'			
Ä	10a. STATE 10b. COUNTY	10c. Cf	TY, TOWN OR L	DCATION				10d. INSIDE CITY LIMITS?
	Maryland	Ba	Itimore	9				1 X YES 2 NO
A	10e. STREET AND NUMBER			10f. ZIP CODE		3	0g. CITIZEN OF	WHAT COUNTRY?
H	1150 Ward St.			21230			U.S.A	•
BY FUNERAL		T EVER IN U.S. ARMED YES 2 XNO WAR OR DATES	If yo	DECENDENT OF HISPA s, specify Cuban, Mexic YES 2 NO Speci	an, Puerto Rican,		No— 14. RAC Blac Spec	,
	15. DECEDENT'S EDUCATION	18a. DECEDENT	e nema coon	DATION	T see VINE	OF BURIN	ESS/INDUSTRY	White
COMPLETED	(Specify only highest grade completed)	(Give kind of	f work done durin	g most of working	IOO. KING	OF BUSIN	ESS/INDUSTRY	
ا ڌ	Elementary/Secondary (0-12) College (1-4 or 5	+)			Δ	Hama	_	
×	17. FATHER'S NAME (First, Middle, Last)	Homema	Ker	T to MOTHER N	AME (First, Middle	Home		
	Rossie A. Boyd						mame)	
BE	19s. INFORMANT'S NAME (Type/Print)	100 MAR III	0.40000000		G. Wat		Dr. t. Tie O. d.)	
2	The state of the s	1		reet and Number or Rural				
	Eugene M. Long, Sr.			St., Balt				
	20a. METHOD OF DISPOSITION 1 X Burlal 2 Cremation 3 Removal from State	other place)		of cemetery, crematory or	1		TION — City or T	
	4 Donation 5 Other (Specify)	-   Glen Hav	en Memo	Drial Park	AONITY	_Gler	<u>Burni</u>	e. A.A. MD
	21. SIGNATURE OF FUNERAL SERVICE EXCENSES		Kin	klev Fune	ral Hom	e Cla	D. D.	ie, MD 21061
	23. PART I. Enter the disesses, or complications the							Approximate interval Between
	IMMEDIATE CAUSE (Final disessa or condition	-10						Onset and Death
	reaulting in death) a. DUE TO	OR AS A CONSEQUENCE	OF):					1 ans
_	To Fotey	from un les	J 60.1	10 - Cord	ouc m /	2 lmo	naa 1/4	el luk
CERTIFICATION	Sequentisity list conditions, DUE TO	(OR AS A CONSEQUENCE	OF):				1	
8		OR AS A CONSEQUENCE	shal	Dog Hy				
E	that minated events	(OR AS A CONSEQUENCE	OF):	0				
	resulting in dasth) LAST	rutory -	fastury	in pos	1			
	PART II. Other significant conditions contributing to	dooth but not possible.	- In the sends	dalam sausa abua t	Dom I Do	WAS AN AU	TTOBOY 0	b, WERE AUTOPSY FINDINGS
DICAL			j ili the tinde	lying cause given is	1 Part I. 248	PERFORME		AVAILABLE PRIOR TO COMPLETION OF CAUSE
ă	Frymin Cung Dispa	5-E			— 1½	YES 2	] NO	OF DEATH?
ME								1 TES 2 NO
ä								
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		OTHER:	8. PLACE OF DEATH (C	check only one)			
YSI	1 YES 2 NO 1 Impatient 2	☐ ER/Outpatient 3 ☐ DOA		Home 5 - Residence	S C Other (Spe	ectfy)		
H	27. MANNER OF DEATH 28a. DATE Of (Month, I		IME OF 28	C. INJURY AT WORK?	28d. DESCRIE	IE HOW INJ	URY OCCURED	
BY	1 Netural 5 Pending 2 Accident Investigation			YES 2 NO				
COMPLETED		OF INJURY — At home, farm, atc. (Specify)	, street, factory,	office	28f. LOCATIO		I Number or Rural	Route Number,
Ш	29a. CERTIFIER							
MP	(Check only one)  2   CERTIFYING PHYSICIAN: To the best of the property of the							(a) and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER							
BE	O- OF THE OF CENTIFIER	чΛ		29c. LICENSE N	of 2	1	DATE SIGNE	(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAL	DE DE DEATH STEM OF ST	no Printt	Date	193		- 2/	7/170
	M CLOCKEN 494	DASTON	CN A	VE B	ALTIA	10R1	Mos	1229
		AR'S SIGNATURE	02					
	3/3/7.7.00 June	munition - Noutra						

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the burial-transit permit. Pages 1, 2, 3 should

ing physician.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2x-mours after death. Page 6 may be retained the TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should the filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified.

Barney	c.	LEPO	VETSK	Y			2. DATE OF OEATH MONTH DA March 24	,1990	3. TIME 0	F DEATH
4. SOCIAL SECURITY NUMBER 298-20-8109	5. SEX 1 🕅 M 2 □ F	6. AGE (In yrs.		IF UNDER 1 YEAR		24 HRS. MIN.	7. OATE OF BIRTH (Month, Dey, Year) Jan 17,	8.	BIRTHPLACE (State Country) Penns	te or Foreign
9a. FACILITY NAME (If not institution, give s		04	1111	at AITH TON	N OR LOCATION					SYLVAI
3326 Lowell I					svili		EATH	9c. COUNTY	lerick	
RESIDENCE OF DECEDENT	Jane			LJan	ISVII.	re		riec	erick	
10a. STATE 16b. COUNTY	derick			TOWN OR LO				n	10d. INSID	E CITY S? 2 XNO
10e, STREET AND NUMBER					10f. ZIP CODI	E		10g. CITIZEN	OF WHAT COUN	
3326 Lowell I	ane				217	54		Ame	rican	
11. MARITAL STATUS	12. WAS DECEDER	IT EVER IN U.S.	ARMED	13. WAS	DECENDENT O	F HISPAI	NIC ORIGIN? (Specify Yes	or No.— 14.	RACE — Americ Black, White, etc	an Indian,
1 Never Married 2 X Married 3 Widowed 4 Divorced	FORCES?	YES 2 [ MAR OR DATES . I I	NO		, specify Cubs YES 2 XNO		nn, Puerto Ricen, atc.)		Specify: White	
15. DECEDENT'S EDU (Specify only highest grade		16a.	DECEDENT'S U	SUAL OCCUP	ATION		16b. KIND OF BUS	INESS/INDUS	TRY	
Elementary/Secondary (0-12)	College (1-4 or 5		(Give kind of wo life. Do NOT use							
12	5+	Sc	ienti	st-Ac	imini	stra	ator U.S	. Gov	rernmen	nt
17. FATHER'S NAME (First, Middle, Lest)					18. MOT	HER'S NA	ME (First, Middle, Malden			
Barney H.	Lepov	etsky			Be	eat:	rice I	indy		
19a. INFORMANT'S NAME (Type/Print)							Route Number, City or Tow			
M. Eloise Lepo	vetsky		3326	Lowel	ll La	ne,	Ijamsvi1	le, M	1d. 2:	1754
20a. METHOD OF OISPOSITION 1	oval from State	20b. PLA Other MON	tgome	ry Ci	cometery, crem	natory or	um Bet		or Town, State	/land
21. SIGNATURE OF PUBLICAL SERVICE LIC	CENSEE				E AND ADDRE				.,	
· Whent L	. Will	inus					lesworth,		Funer	cal H
23. PART I. Enter the diseases, or shock, or heart felture. IMMEDIATE CAUSE (Fine)	complications the List pnly pne ca	at coused the use on each l	deeth. Do no ine.						App	roximate rvai Betwee let and Deal
	. META	STATIC	LUN	1G (	ANCE	R			16	Mos
	SMO	(OR AS A CON	SEQUENCE OF):	:					12	DYRC
_	D	OR AS A CON	PEOLIENCE OF						3	JAKS
Sequentially list conditions,	DUE IC	OR AS A CON	SECUENCE OF)							
If any, leading to immediate										
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	c. DUF TO	OR AS A CON	SEQUENCE OF						-	
If any, leading to immediate cause. Enter UNDERLYING	c. DUE TO	OR AS A CON	SEQUENCE OF)	* 0						
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	c. DUE TO	OR AS A CON	SEQUENCE OF):	:						
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	d	deeth but no	ot resulting in	the under		_			24b. WERE AUT	
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	d	deeth but no	ot resulting in	the under		_	PERFOR	RMED?	COMPLET	PRIOR TO ON OF CAUSE
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significent condition  LEU KOCYTOSIS.	dna contributing to	deeth but no	BONE	the under		_		RMED?	AWAILABLE COMPLETE OF DEATH	PRIOR TO ON OF CAUSE
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	dna contributing to	deeth but no	BONE	the under		_	PERFOR	RMED?	AWAILABLE COMPLETE OF DEATH	PRIOR TO ON OF CAUSE
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significent condition  LEU KOCYTOSIS.	dna contributing to	deeth but no	BONE	the underly UE(4)	STASE	3,	PERFOR	RMED?	AWAILABLE COMPLETE OF DEATH	PRIOR TO ON OF CAUSE
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent condition  LEU KOCYTOSIS  POST THORACOTOM  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	d.  CPRESRAL  PULIL  HOSPITAL:	deeth but no AND MONIAR	BONE EM	BOL)	STASE 8. PLACE OF C	DEATH (CI	PERFOR	RMED?	AWAILABLE COMPLETE OF DEATH	PRIOR TO ON OF CAUSE
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent condition  LEU KOCYTOSIS  POST THORACOTOM  25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1 YES 2 PAO	d	o deeth but no	BONE EM	BOL)	STASE  S. PLACE OF CHOMO 5427	DEATH (CI	PERFORM 1 VES 2  heck only one) 6 Other (Specify)	NMED?	AVAILABLE COMPLETI OF DEATH 1 YES	PRIOR TO ON OF CAUSE
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent condition  LEU KOCYTOSIS  POST THORACOTOM  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	d	o deeth but no	BONE EM	BOU)  20 OTHER: 4   Nursing OFF 28c	STASE  S. PLACE OF CHOME 527 AT WORK?	DEATH (Ci	PERFOR	NMED?	AVAILABLE COMPLETI OF DEATH 1 YES	PRIOR TO ON OF CAUSE
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significent condition  LBU KOCYTOSIS  POST THORACOTOM  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation	d	Deeth but no AND AND AND AND AND AND AND AND AND AND	BONE BONE  3 DOA  28b. TIME	BOU)  20 OTHER: 4   Numing OF 28c RY M 1	STASE  S. PLACE OF C  Home 52 R  INJURY AT  WORK?  YES 2	DEATH (Ci	PERFOR 1 YES 2  heck only one)  6	NURY OCCUR	AMAILABLI COMPLETI OF DEATH 1 YES	PRIOR TO ON OF CAUSE 7 2 D MO
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent condition  LOU KOCYTOSIS  POST THORACOTOM  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending	HOSPITAL: 1   Inputient 2 28e. DATE 0 (Month,	deeth but no	BONE BONE  3 DOA  28b. TIME	BOU)  20 OTHER: 4   Numing OF 28c RY M 1	STASE  S. PLACE OF C  Home 52 R  INJURY AT  WORK?  YES 2	DEATH (Ci	PERFORM 1 VES 2  heck only one) 6 Other (Specify)	NJURY OCCUR	AMAILABLI COMPLETI OF DEATH 1 YES	PRIOR TO ON OF CAUSE 7 2 D MO
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent condition  LOUKOCYTOSIS  POST THORACOTOM  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation  2 Accident S Could not be detarmined	HOSPITAL: 1   Inputient 2 28e. DATE 0 (Month,	Depth but not an an an an an an an an an an an an an	BONE BONE  3 DOA  28b. TIME	BOU)  20 OTHER: 4   Numing OF 28c RY M 1	STASE  S. PLACE OF C  Home 52 R  INJURY AT  WORK?  YES 2	DEATH (Ci	PERFOR  1 VES 2  heck only one)  6 Other (Specify)  28d, OESCRIBE HOW I	NJURY OCCUR	AMAILABLI COMPLETI OF DEATH 1 YES	PRIOR TO ON OF CAUSE 7 2 D MO
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significent condition  LEU KOCYTOSIS  PAST THORACOTOM  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation  3 Suicident 8 Could not be determined  29e. CERTIFIER (Check only)	HOSPITAL: 1   Inputent 2 28a. DATE 0 (Month, 28b. PLACE building	De Injury — At OF Injury — At (Specify)	BONE  BONE  3 DOA  28b. TIME INJU  home, farm, str. death occurred	20THER: 4 Nursing OF 28cm M 1 reet, factory,	S. PLACE OF C. Home 5 PR INJURY AT WORK? YES 2 Diffice	DEATH (CI	PERFOR  1 VES 2  heck only one)  6 Other (Specify)  28d, OESCRIBE HOW I	NJURY OCCUR	AMAILABLI COMPLETI OF DEATH 1 YES  REO  Rural Route Numb	PRIOR TO ON OF CAUSE 7 2 D NO
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significent condition  LEU KOCYTOSIS  POST THORACOTOM  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation  2 Accident Suckide 6 Could not be determined  29s. CERTIFIER (Check only)	d	De Injury — At OF Injury — At (Specify)	BONE  BONE  3 DOA  28b. TIME INJU  home, farm, str. death occurred	20THER: 4 Nursing OF 28cm M 1 reet, factory,	STASE  S. PLACE OF C Home 512 R INJURY AT WORK?  YES 2 [ office  date and place on, death occur	DEATH (CI	PERFOR 1 YES 2  heck only one)  6 Other (Specify)  28d. DESCRIBE HOW I  28f. LOCATION (Street City or Town, State)  a to the cause(s) and male time, data and place, ar	NJURY OCCUR and Number or	AMAILABLI COMPLETI OF DEATH 1 YES  REO  Rural Route Numb	PRIOR TO ON OF CAUSE 7 2 D-MO

32. REGISTRAR'S SIGNATURE
Suha Savidson-Randall

MAR 26 1990

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1 - STATE REGISTRAR	STATE OF MARY		IENT OF HEALTH AND I	MENTAL HYGIENE REG. NO.								
1. DECEDENT'S NAME (First, A	Aiddle, Last) RAYMOND	ELWOOD	LYDARD	2. DATE OF DEATH MONTH 3-20-90	3. TIME OF DEATH 3:50AM M							
4. SOCIAL SECURITY NUMBE	1 📈 M 2 🗆 F		UNDER 1 YEAR IF UNDER 24 HRS. NTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 12-11-29	8. BIRTHPLACE (State or Foreign Copyry) MARYLAND							
SUBURBAN HO	OSPITAL	96	BETHESDA		NTY OF DEATH I'GOMERY COUNTY							
	10b. COUNTY	10c. CITY, To	DWN OR LOCATION		10d. INSIDE CITY LIMITS? 1 YES 2 NO							
10e. STREET AND NUMBER  11. MARITAL STATUS		•	10f. ZIP CODE	10g. CITI	ZEN OF WHAT COUNTRY?							
11. MARITAL STATUS 1 Never Married 2 N 3 Widowed 4 Divorce	IF YES, GIVE WAR OR	S 2 NO	13. WAS DECENDENT OF HISPAN It yee, specify Guben, Mexica 1 YES 2 NO Specify	n, Puerto Rican, etc.)	14. RACE — American Indian, Black, White, etc. Specify: WHITE							
15. DECEDENT'S EDUCATION (Specify only highest grade completed)  16a. DECEDENT'S USUAL OCCUPATION (Specify only highest grade completed)  16b. KIND OF BUSINESS/INDUSTRY (Side kind of work done during most of working) (Side kind of work done during most of working) (Side kind of work done during most of working) (Side kind of work done during most of working) (Side kind of work done during most of working) (Side kind of work done during most of working) (Side kind of work done during most of working) (Side kind of work done during most of working) (Side kind of work done during most of working) (Side kind of work done during most of working) (Side kind of work done during most of working) (Side kind of work done during most of working) (Side kind of work done during most of working) (Side kind of work done during most of working) (Side kind of work done during												
17. FATHER'S NAME (First, Middle, Leet) 18. MOTHER'S NAME (First, Middle, Melden Surneme) 18. MOTHER'S NAME (First, Middle, Melden Surneme) ANNIE V. NICHOLSON												
19a. INFORMANT'S NAME (Type/Print) RAYMOND LYDARD, JR. 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 17720 KING(U):1120 CT. (3)000, Md. 20832												
20e. METHOD OF DISPOSITION  1												
21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY HILTON FUNGRAL HOME BARNESVILLE, Md. 20838												
	MULTIPLE	aach line.	entar tha moda of dying, suc	h as cardiac or respiratory en	Approximate interval Between Onset and Dasti							
Sequentially list condition if eny, leading to immedicause. Enter UNDERLYIN CAUSE (Disease or injurthat initiated events resulting in death) LAST	c. DUE TO (OR AS	6 A CONSEQUENCE OF):										
PART II. Other significan	t conditions contributing to death	but not resulting in t	he underlying cause given in	Part I. 24a. WAS AN AUTOPSY PERFORMED?  XXXES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  YES 2 \( \text{NO} \) NO							
25. WAS CASE REFERRED TO EXAMINER?	MEDICAL  HOSPITAL:  XX Mpatient 2 = ER/O	utnetledt 3 DOA 4	28. PLACE OF OEATH (Ch THER:  Nursing Home 5  Residence									
27. MANNER OF DEATH  1 Natural 5 P	28s. DATE OF INJUR	Y 28b, TIME O	F 28c. INJURY AT	28d. DESCRIBE HOW INJURY OF PEDESTRIAN STY								
3 Suicide 8 C		RY — At home, farm, stree pecify) Roa		N. Fredrick St	r or Rurel Route Number, t/Dalmar,Montgo							
Common orny	FYING PHYSICIAN: To the best of my kn		t the time, date end place, end due		ted.							
29b. SCHATURE AND TITLE	OF CERTIFIER  De Yould		29c. LICENSE NUI		TE SIGNEO (Month, Day, Year) 3-20-90							
30. NAME AND ADDRESS OF MARGARITA A	PERSON WHO COMPLETED CAUSE OF L KORELL, MD			t,Baltimore,MD	21201 v							
31. DATE FILED (Month, Day, Y	0	GNATURE										

6

DNMH-16 Rav 1/89

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COM	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
al examiner must be notified at once	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once
wal,	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
the funeral director, page 5 should be delined	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be determined.
ter death. Page 6 may be retained by the he	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hun

10

FOR 1 - STATE REGISTRAR	1 - STATE CERTIFICATE OF DEATH REG. NO.												
1. DECEDENT'S NAME (First, Middle Last)	LANG				2. DATE O	F DEATH	o G	EAR 3, T	ME OF OEATH				
4. SOCIAL SECURITY NUMBER 579-42-4998	5. SEX 6. AGE		UNDER 1 YEAR	IF UNDER 24 HRS, HOURS MIN.	7. DATE O	F BIRTH Day, Year) - 25-0		Country)	E (State or Foreign				
9a. FACILITY NAME (If not institution, give Frederick Memo				derick	<u> </u>		9c. COUNTY						
RESIDENCE OF DECEDENT 10a, STATE 10b, COUNT			OWN OR LOCAT	ION				10d	INSIDE CITY				
Md. Mon	tgomery	Ве	thesd	a ZIP CODE			10g. CITIZEI		YES 2 NO				
10500 Rockvi				20814			II.S	Α.					
11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 YES	2 X NO	If yes, spi	ENDENT OF HISPAN ecity Cuban, Mexica 2 NO Specify	n, Pueno Ri		or No 14	Black, Wh Specify:	White				
15. DECEDENT'S EDUCATION (Specify only highest grade completed)    College (1-4 or 6+)   College (1-4 or 6+)     Secretary   Government													
17. FATHER'S NAME (First, Middle, Lest)  16. MOTNER'S NAME (First, Middle, Melden Surneme)													
Phillip Beaver    Margaret Oster													
Lucilo Beaver		19453	3 01ne	y Mill		, 01 <sub>1</sub>	ney,	Md.					
20a. METNOD OF DISPOSITION  1 Surfal 2 Cremation 3 Removal from State  20b. PLACE OF DISPOSITION (Name of cometary, crematory or other (Specify)  20c. LOCATION — City or Town, State  Suitland, Md.  21. SIGNATURE OF FUNERAL SERVICE LICENSEE													
21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  Hilton Funeral Home  Barnesville Md 20838													
23. PART I. Enter the diseases, or shock, or heart feilure IMMEDIATE CAUSE (Finel disease or condition resulting in death)	List only one cause on C			A				t,	Approximete interval Between Onset and Death				
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. Atle	A CONSEQUENCE OF):  A CONSEQUENCE OF):	Ga	Dur	dr	De	~						
PART II. Other significent condition	ns contributing to death	but not resulting in t	he underlyin	g ceuse given in		24e. WAS AN PERFOR	MED?	AWA	RE AUTOPSY FINDINGS ILABLE PRIOR TO IPLETION OF CAUSE DEATH?				
Legress	à								YES 2 NO				
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:		THER:	ACE OF OEATN (Ch									
27. MANNER OF OEATN  1 X Natural 5 Pending	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	WC	URY AT PRK? YES 2 NO	28d. DEŞ0	CRIBE NOW I	NJURY OCCU	REO					
2 Accident Investigation 3 Suicide 6 Could not be 4 Nomicide determined	28a. PLACE OF INJUR building, etc. (Spo	IY — Al home, farm, stree			28f. LOCA C/ty o	TION (Street or Town, State)	and Number or	Rural Route	Number,				
one)	SICIAN: To the best of my kno								d menner as stated.				
29c. LICENSE NUMBER 29d. OATE SIGNEO (Month, Day, Year) 29c. LICENSE NUMBER 29d. OATE SIGNEO (Month, Day, Year) 3/27/56													
30. NAME AND ADDRESS OF PERSON W	THO COMPLETED CAUSE OF D		nt)	MD.	21	70/							
31. OATE FILED-(Month, Day, Year)	32. REGISTRAR'S SIG	NATURE											

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Blog was all your and

DHMH-16 Rev 1/89

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miding physician.

Is the burial-transit permit. Pages 1, 2, 3 should

03-3146

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	FOR STATE REGISTRAR	STATE OF M		DEPAR ERTIF					NENT	AL HYGIEN	E				
,	1. DECEDENT'S NAME (First, Middle, Last)									TE OF DEATH			. TIME OF DEATH		
	Aileen	J.	Le	dnum	1						199		2.19 P.		
	4. SOCIAL SECURITY NUMBER		8. AGE (In yrs. las		IF UNDER	1 YEAR	IF UNDER		7, DA1	TE OF BIRTH onth, Day, Year)	'	6. BIRTHPL Country)	ACE (State or Foreign		
	179-22-4783	1 🗆 M 2 💢 F	65	YRS.					04	27 24					
~	90. FACILITY NAME (# not institution, give of Memorial Hos	spital				town o	OR LOCATION	ON OF DE	ATH						
Ē	RESIDENCE OF DECEDENT	spicar			E.	ast	on			<u>-</u>	Ta	S. BITTHPLACE (State or Foreign Maryland  UNTY OF DEATH  albot  10d. INSIDE CITY LIMITS? 1			
E I	10e. STATE 10b. COUNTY			10c. CIT	Y, TOWN C	OR LOCAT	ION					1	0d. INSIDE CITY		
ā	Maryland Talk	ot		T	ilgh	nmar	1					1			
BY FUNERAL DIRECTOR	10e. STREET AND NUMBER	_				101	. ZIP COD				10g. CITIZ	EN OF WH	AT COUNTRY?		
N.	Coopertown Roa						216								
5	11. MARITAL STATUS 1 Never Merried 2 Merried		YES 2 X	NO		If yes, spe	ecify Cubi	ın, Mexicar	n, Puer	GIN? (Specify Yee to Rican, etc.)	or No	Black,	White, stc.		
	3 Widowed 4 Divorced	IF YES, GIVE W	AH OH DATES			1 U YES	2 X NO	Specify	r:						
	15. OECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a. DE	CEDENT'S	USUAL O	CCUPATIO	ON ast of workle	na	1	16b. KIND OF BUS	INESS/INO				
9	Elementary/Secondery (0-12)	College (1-4 or 5+	) life	ive kind of a Do NOT us	se retired.)										
*	9			Hom	emak	cer									
BE COMPLETED	17. FATHER'S NAME (First, Middle, Last)									at, Middle, Maiden					
	Alfred Harris  190. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS	S (Street a				Colli		Code)			
2	Vernon R. Ledn	111m								nan, MI					
, {	20e. METHOD OF DISPOSITION 4/7		20b. PLACE other pi	OF DISPOS					7 2 2 2 2				n, State		
1	4 Donation 5 Other (Specify)	TVEI TOTA SUITE		ing						Eas	ton	Ma	ryland		
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE					ADDAE			l Home					
	JOHN R.	MER	CERO	2			on,								
	23. PART I. Enter the diseases, or o shock, or heart feliure.										ratory arm	est,			
	IMMEDIATE CAUSE (Final	List biny bine cou.	C .		1						-				
	disesse or condition resulting in death)	rest	unate	ny	-	cui	In	<u>Q</u>	4	- ane	rl		Myths		
		C I	OR AS A CONSE	OUENCE		4				١٠ ٥.		/			
O.	Sequentially list conditions, if any, leading to immediate	DUE TO	OR AS A CONSE	QUENCE O	f):	run	mu.	1/6		price	une	W.	<u> </u>		
CAT	csuse. Enter UNDERLYING CAUSE (Disesse or Injury	c.								A1	Sean	٩	years		
E	that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSE	QUENCE O	F):										
CERTIFICATION	resulting in death) CAST	d					_						-		
	PART II. Other significant condition				In the u	ndarfyln	g cause	given in	Part I.	24a, WAS AN PERFOR					
2	ASUDE C	AD+	CH.							1 TYES 2	. /		COMPLETION OF CAUSE		
ME												1	YES 2 NO		
PHYSICIAN: MEDICAL															
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE	R:	LACE OF D								
ΙΥS	1 YES 27 NO 27. MANNER OF DEATH	28e. DATE OF		26b. TIN			NO 5 R	esidence		ther (Specify) DESCRIBE HOW I	HIRV OCC	TIBED			
	17 Natural 5 Pending	(Month, De		IN.	JURY M	WC	YES 2	□ NO				01120			
В В	2 Aceident Investigation 3 Suicide 6 Could not be	28e. PLACE O	F INJURY At he atc. (Specify)	ome, farm,	street, fac	tory, offic					and Number	or Rural Ro	ute Number,		
Ē	4 Homicide determined	ounaing,	and (Specify)						,	City or Town, Stelle)					
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYSI	ICIAN: To the best of	my knowledge, d	eath occum	red at the	time, date	end place	a, and due	to the	cause(a) and mar	ner ee stat	ed.			
OM	One) 2 MEDICAL EXAMINE	R: On the basic of the	camination end/or	Investigation	on, in my	opinion, c	death occu	red at the	time, c	late and place, en	d due to th	e ceute(s)	end manner es stated.		
ш	296. SIGNATURE AND TITLE OF CERTIFIES	2.1	1	/ 1/			29c. LIC	ENSE NUN	MBER	miken	29d. DATI	SIGNED (	Molth, Day, Year)		
TO B	( )xxxeit +	aut	un/	/V	<u>いり.</u>		V	18.	12	14		4	140		
	ALBUAT TO D	AWL4 N	S SX	— <b>M</b>	-D		4	20	3	IDL	EWI	LD	AVE		
	31. DATE FILED (Month, Day, Year)		R'S SIGNATURE		•			AL 31	777	, VILH		TNV	rivo)		
	APR U 6 90	Guna	Varideon 1	Randel	2						•				

3. TIME OF DEATN

12:15

6. BIRTNPLACE (State or Foreign

1990 YEAR

-3146

BALTIMORE, MARY

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

4. SOCIAL SECURITY NUMBER

- 1	1	213 - 05 - 19	16 1 × M 2 □ F	82	YRS.	MONTHS	DAYS	HOURS	MIN. J	an 2	8, 19	08	Maryl	and
		9a. FACILITY NAME (If not institution				9b. CITY	, TOWN	OR LOCATI	ON OF DEAT	Н		9c. COUNT	TY OF DEATH	4
	NO.	Greater Laure	l-Beltsville	Hospit	tal	Lau	rel					Prin	ce Ge	orge.
	5	RESIDENCE OF DECEDE			T		·						T ::-	
	DIRECTOR		COUNTY			Y, TOWN C								I. INSIDE CITY LIMITS?
	- 1		ontgomery		Bu	rton								YES 2 NO
	FUNERAL	100. STREET AND NUMBER 4215 Woottens	Lane					11. ZIP COD 20866					EN OF WHAT	
	BY FUN	11. MARITAL STATUS 1 Never Married 2 X Marri 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [ IF YES, GIVE WA	YES 2	ARMEO XNO		If yes, s		in, Maxican, I		(Specify Yea can, etc.)	or No—	Black, WI Specify: White	
	B	15. DECEOEN	IT'S EDUCATION est grade completed)		DECEDENT'S					18b.	KIND OF BUS	INESS/INDU	STRY	
1	(Shee kind of work done during most of working life. Do NOT use retired.)    Carpenter   Construction													
श्री														
	Thates Euther Evenstamphyor Grace not smaster													
notified	0	19a. INFORMANT'S NAME (Type/Po									r, City or Town			
	-	Virginia M. L	ochstamphfor		4215	Woo.	tte	ns La	ne B	urto	_			nd 20866
ust b		20a, METHOD OF DISPOSITION 1 Burial 2 Cremation 3	☐ Removal from State	other	place) Cer			emetery, crei	matory or				ty or Town,	Maryland
E		4 ☐ Donation 5 ☐ Other (Spec 21, SIGNATURE OF FUNERAL SET		unce	on ce		_	ND ADDRE	SS OF FACIL	ITY	Ibuu	LONSUA	ice,	maryxana
examiner must be		· DWH	Day D. Oh								Home	P.A.	ulanc	d 20707
cal		23. PART I. Enter the disease	es, or complications that	caused tha	daath. Do									Approximate
medical		ahock, or heart fallure. List only one cause on each line.  Interval Between Onset and Deat												
the		disease or condition REMAC FAILVRE												
/ent,		DUE TO (OR AS A CONSEQUENCE OF):  CONGESTIVE HEART FAILURE  b.												
9	z		(0)	NGES	TIVE	H	EM	प	FAIL	UR	9			
traumatic event,	은	Sequentially list conditions, if any, leading to immediate	OUE TO (	OR AS A CONS	SEOUENCE C	)F):	2 1	1710						
5	CA	cause. Enter UNDERLYING CAUSE (Disease or injury	C					1107						
other	CERTIFICATION	that initiated events resulting in death) LAST	DUE TO (C	OR AS A CONS	SEOUENCE (	PF):								
9			d											
shows any injury,		PART il. Othar aignificant c	onditions contributing to c	daath but no	t resulting	In the u	ndarlyli	ng cause	given in Pa	ert I.	24a. WAS AN PERFOR			RE AUTOPSY FINDINGS
amy	MEDICAL									_	1 TYES 2		co	MPLETION OF CAUSE OEATH?
DWS	빌													YES 2 NO
23 sh														
Hem 2	SICIAN:	25. WAS CASE REFERRED TO ME EXAMINER?	DICAL HOSPITAL:			CTUE		PLACE OF I	DEATN (Check	k only one	)			
or ite	Si	1 NES 2 NO	1/ Inpatient 2	ER/Outpatient	3 🗆 DOA	OTHE 4 - Nu		me 5 🗆 R	asidenca 8	☐ Other	(Specify)			
	PH	27. MANNER OF OEATN  1 Natural 5 Pend	28a. OATE OF I (Month, Da)	NJURY y, Year)	28b. Til	WE OF JURY	W	JURY AT	_ 10	8d. OEŞ	CRIBE NOW I	NJURY OCC	UREO	
marked.	BY	2 Accident Inves	tigetion 28e. PLACE OF	INJURY _ At	home ferm	street fac		YES 2		Bt LOCA	TION (Street i	and Number	or Burni Bout	e Number
28 is	圓	3 Suicide 6 Coul-	d not be building, a	itc. (Specify)	rionia, raini,	ationi, inc	itory, on				r Town, State)	310 11011201	y notes room	e Harrison,
ltem .	PLET	29a. CERTIFIER (Check only	NG PHYSICIAN: To the best of r	my knowledge,	death occur	red at the	time, de	ta and plac	e, and due to	the cau	e(a) and mai	nner aa atate	od.	
NT: H	COMPL	one) —	EXAMINER: Op the beals of axi	emination and/	or investigat	lon, in my	opinion,	death occu	ared at the tir	ne, data	and place, an	d due to the	cause(a) an	nd manner as stated.
MPORTANT: H	H	296. SIGNATURE AND THE OF	lun no	A	THEN	DINC	3-		ENSE NUMB	$\sim$	3	. 0	10 - 1	frith, Day, Year) 90
	7	30. NAME AND ADDRESS OF PEI	RSON WHO COMPLETED CAUSE KHVRST MD	7305	TEM 27) (Typ	e, Print) • AV	E #	107	COL	Œ	A Pla	nk,	MD :	90 207 <b>4</b> 0
0		31. DATE FILED (Month, Day, Year)	8 '90 32. REGISTRA											

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTN

Samuel Luther Lochstamphfor

5. SEX

2. DATE OF DEATH MONTH, MARCH 26

26 DAY

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a may after death. Page 6 may be retained by the hospital or	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for up the filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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31. DATE FILED (Month, Day, Year)
3-3/-100 3'90

	1 - FOR STATE REGISTRAR	STATE OF MARYL				EALTH AND DEATH	MENTA	L HYGIEN			11170
	1. DECEDENT'S NAME (First, Middle, Lest)  J. MORGAN MATT						2. DATE MONT MAR	OF DEATH	, 199	EAR O	TIME OF DEATH TIME OF DEATH
		1 📉 M 2 🗆 F	(In yrs. last birthday) 86 YRS.	MONTHS	DAYS	HOURS MIN.	FEB.	of BIRTH h, Day, Year) 13, 1	904 N	EW .	JERSEY
TOR	DOCTORS HOSPITAL RESIDENCE OF DECEDENT	et and number)			ANHA	M LOCATION OF D	EATH		PRIN		EORGES
DIRECTOR		E GEORGES	10c. Ci		-	VILLE			10d. INSIDE CITY LIMITS? 1 YES 2 NO		
FUNERAL		PLACE					0783			SA	
3 Widowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2X NO Specify: Specify:										American Indian, itta, atc.  WHITE	
COMPLETED	15. DECEDENT'S EDUCA (Specilly only highest grade or Elementary/Secondary (0-12)	DN at of working	160		SINESS/INDUS						
BE CON	17. FATHER'S NAME (First, Middle, Lest) JOSEPH I. MATTHEV	VS.				18. MOTHER'S NA ELIZA	BETH	HA	NLEY		
TOE	19a. INFORMANT'S NAME (Type/Print) MARY E. MATTHEWS					ond Number of Rural ON PLACE					AND 20783
	20a. METNOD OF DISPOSITION  1 Surial 2 Cremation 3 Remov  4 Donation 6 Other (Specify)	al from State	other piece) GATE OF			netery, cremetory or CEMETER	Y		VER SP		State MARYLANI
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE				IS J. CO NIVERSIT					INC. MD 2090
	23. PART I. Enter the diseases, or compilications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory erreat, abock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO FOR AS	A CONSEQUENCE	ear	to y	ailure Li Con	cer				
PHYSICIAN: MEDICAL (	PART II. Other significant conditions	contributing to death	but not resulting	in the u	inderlyln	g cause given in	Part I.	24a. WAS AN PERFO 1 YES	HMED?	AMA COI OF	RE AUTOPSY FINDINGS ILLABLE PRIOR TO MPLETION OF CAUSE DEATH?  YES 2 NO
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO	HOSPITAL:	tpatient 3 DOA	OTHE 4   No	R:	LACE OF DEATN (C				<u> </u>	
ВУ РНУ	27. MANNER OF DEATH  1 Netural 5 Pending		1 1 1 17	INJURY OCCU	RED						
	3 Suicide 8 Could not be 4 Homicide datermined	3 Suicide 8 Could not be 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)								Rural Route	Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICI MEDICAL EXAMINER:	AN: To the best of my kno									d manner as stated.
O BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	Saczaro	m D			29c. LICENSE NU D26		3		BIGNED (Mo	nth, Day, Year)

HYATISUILLE MA

SECRETAR'S SIGNATURE

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runeral		ted or item 23 shows any injury or other traumatic event, the medical examiner must be notified at once
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	1 - FOR STATE REGISTRAR	STATE OF MARYLAND		T OF HEALTH AND E OF DEATH	MENTAL HYGIEN REG. NO							
	1. DECEDENT'S NAME (First, Midgle, Last)  Mary Expe	11 Mc	Laugh1,	îh .	2. DATE OF DEATH	9-98	3. TIME OF DEATH 4830 P	M				
	4. SOCIAL SECURITY NUMBER	5. SEX   8. AGE (In yrs. I	last birthday) IF UNDE	R 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH	8. 6	BIRTHPLACE (State or Foreign Country)					
	579-10-2503  9a. FACILITY NAME (If not institution, give stre			Y, TOWN OR LOCATION OF I	6/08/C	-	ARYLAND OF DEATH	_				
TOR	HOLY CROSS	Hospita/	5	IVER SPR	14. M	Mo	ntgomer	Y				
DIRECTOR	MARYLAND 10b. COUNTY	1 1	10c. CITY, TOWN		-		10s. INSIDE CITY LIMITS?					
	10e. STREET AND NUMBER	101 topomery	TAKO	101. ZIP CODE		10g. CITIZEN	1 YES 2 NO	_				
FUNERAL		VENUE			912	45	SA					
BY FU	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN U.S., FORCES? 1 YES 2 F IF YES, GIVE WAR OR DATES	ARMED 13.	WAS DECENDENT OF HISP/ If yes, specify Cuben, Mexic 1 YES 2 NO Specify	en, Puerto Rican, etc.)		RACE — American Indian, Black, White, atc. Specify: WHITE					
TED	15. DECEDENT'S EDUCA (Specify only highest grade or	ompleted)	OCCUPATION during most of working	16b. KIND OF BU	SINESS/INDUST		_					
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 8+)	ile. Do NOT use retired.) ELEPHONE (		TELE	PHONE C	COMPANY					
CON	17. FATHER'S NAME (First, Middle, Last)				AME (First, Middle, Malder							
BE	PHILIP T. GRAVES  19e. INFORMANT'S NAME (Type/Print)		19b. MAILING ADDRES	S (Street and Number or Rura	RIE HARD  I Route Number, City or Tox		de)	_				
7	RICHARD McLAUGHLIN						MARYLAND 2090	04				
	20e. METHOD OF DISPOSITION  1 National State of Comments of Commen	ral from State other	place)	ame of cemetery, cremetory or FED METHODIS		OCATION — City	or Town, State					
	21. SIGNATURE OF FUNERAL SERVICE LICE		22	NAME AND ADDRESS OF F	ACILITY	RAI. HON	ME. INC.	_				
	1 sancis	fallenoif	,				ME, INC. SP., MD 209	90				
	IMMEDIATE CAUSE (Fine)	et only one couse on elich if	ne.		_		Interval Betwee					
	resulting in death)	Perforated DUE TO (OR AS A CONS		1 supre tous	of colon a	C Smill 80 mel 3/28/90						
NO	Sequentially list conditions, 6.	- Ileus					3/28/90	0				
CATI	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONS	Doto	stand O	butroction		1987					
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONS	BEOUENCE OF):	La Qui	ud t		1900					
_	PART II. Other significant conditions	and the state of t	wo yvis	ever co	200		1703					
PHYSICIAN: MEDICAL	ASUVO, HB	Property of the second section of the	t reauting in the u	nderlying ceuze given i		RMED?	24b. WERE AUTOPSY FINDING AVAILABLE PRIOR TO COMPLETION DF CAUSE					
MED						- (2)	OF DEATH?					
IAN	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (	Check only one)			_				
YSIC		HOSPITAL: 1 V Inpetient 2 ER/Outpetient		rsing Home 5 - Residence	8 Other (Specify)							
ВУ РН	1 Netural 5 Pending	Investigation 1917/										
ED	2 Accident Investigation 3 Suicide 8 Could not be determined	281. LOCATION (Street City or Town, State	and Number or F	Rural Route Number,								
COMPLET	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the beat of my knowledge, death occurred at the time, date end piece, end due to the cause(a) and menner ee atated.											
	one) 2 MEDICAL EXAMINER  29b. SIGNATURE AND TITLE OF CERTIFIER	On the besis of examination end/o	or investigation, in my					l.				
38 C	DBPatrick I	LMO		29c. LICENSE N	729	DATE SI	19NED (Month, Dely, Year)					
70	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH (I'	TEM 27) (Time Print)				t	_				

Rd

Silverspring, Md 20

31. DATE FILED (Month, Day, Year) APR

OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

TO ME TO POSITION OF THE PRINT O

32. REGISTRAR'S SIGNATURE

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9	II.	1 Nev
AARYLAND-21203-3146 retained by the hospital or attending bys 5 should be detached for use as the burn	ВУ	3 ▼ Wid
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AARYLAND 21203. retained by the hospital or atten 5 should be detached for use as	TO BE COM	DEN
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1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE OF DEATH REG. NO.												
1. DECEDENT'S NAME (First,	Middle, Last)								OF DEATH			3. TIME OF DEATN
JOHN E. MAHO	NEY							MONT	N 28	2 9	YEAR	02:05 AM
4. SOCIAL SECURITY NUMBER	R 5.	SEX	8. AGE (In yrs.	lest birthday)	IF UNDER 1		IF UNDER 24 HRS.	7. DATE	OF BIRTH		8. BIRTN Countr	IPLACE (State or Foreign
102-30-2384	11	_XM 2 □ F	84	YRS.	MONTHS	DAYS.	HOURS MIN.	JÜLÏ	7 20, 1	.905	NEV	Y YORK
9a. FACILITY NAME (If not ins	titution, give street	and number)			9b. CITY,	TOWN OF	LOCATION OF DE	EATH		9c. COUN	TY OF D	EATH
THE JOHNS	HOPKIN	S HOSPI	TAL	l	ВА	LTIM	IORE			BAL	TIM	ORE CITY
RESIDENCE OF DEC	10b, COUNTY			10c CITY	, TOWN OI	O I OCATI	ON					10d, INSIDE CITY
MARYLAND		ONTGOME	DV	100.011			SPRING					LIMITS?
10e. STREET AND NUMBER	PR	ON I GOPIE	1KI		SIL	-	ZIP CODE		1	10n CITIZ	EN OF V	1 YES 2 NO
3422 ISLAND	CDEEV (	COLLDA				101.	2090	6		log. Citiz	US	
11. MARITAL STATUS		. WAS DECEOEN	IT EVER IN U.S.	ARMED	13. V	WAS DECE	NOENT OF HISPAI		N? (Specify Yea	or No.		— American Indian,
1 Never Married 2 1	Married	FORCES? 1	YES 2	NO	It	yes, spe	cify Cuban, Maxica 2 NO Specif	in, Puarto			Speci	c, White, etc.
3 ₩ Widowed 4 Divor	ced	W LEG GIVE			'		X. open	y•			Opoc	WHITE
15. DECEDENT'S EDUCATION (Specify only highest grade completed)  18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working												
Elementary/Secondary (0-12) College (1-4 or 5 +) Iffe. Do NOT use retired.)												
5+ TAX ATTORNEY LAW												
17. FATNER'S NAME (First, Middle, Lest)  18. MOTNER'S NAME (First, Middle, Maiden Surname)  MADV  UIIDIEV												
DENIS MAHONEY MARY HURLEY												
19a. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)												
MARYANNE D. O'BRIEN (DAUGHTER) 1600 FOREST LANE, McLEAN, VIRGINIA 22101												
20g. METHOD OF DISPOSITION  20b. PLACE OF DISPOSITION (Name of cemetery, crematory or the place)  20c. LOCATION — City or Town, State other place)												
4 Donation 5 Other (Specify) GATE OF HEAVEN CEMETERY SILVER SPRING, MARYLAND												
21. SIGNATURE OF SUMERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY FRANCIS J. COLLINS FUNERAL HOME, INC.												
500 UNIVERSITY BLVD., W., SIL. SP., MD 2090												
23. PART 1. Enter the di	eeses, or com	plicationa the	at caused the	deeth. Do n	ot enter	the mod	le of dying, suc	h as cen	diec or reapi	ratory arre	eat,	Approximata
IMMEDIATE CAUSE (Fin	ert feliure, Liat	t only one car	use on each i	ine.								Onset and Death
disease or condition resulting in death)	•· <b>→</b> ::	ALI	andas /	and	Then	arit	Aneu	11451	m of	the 1	tarte	14 days
resulting in death)		DUE TO	(OR AS A CON	SEQUENCE OF	):	7616	7.00	1			, ,	1100095
	b.											
Sequentielly list conditi- if any, leading to immed	liete	DUE TO	(OR AS A CON	SEQUENCE OF	):							
cause. Enter UNDERLYII CAUSE (Disease or injur												
thet initieted events resulting in death) LAST		DUE TO	(OR AS A CON	SEQUENCE OF	7):							
resulting in death) LAS	d											
PART ii. Other significat	nt conditions c	ontributing to	death but no	ot resulting i	n the un	derlying	cause given in	Part I.	24a. WAS AN		248	. WERE AUTOPSY FINDINGS
Atrial	Flutt	ler a	al A	trial	F. b.	willy -	hora		PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE
Colgesi		teat	Fail	11.00	110		1.00-1		1 XYES 2	□ NO		OF DEATH?
20-4621	100	1007	1000	iare			-					1 U YES 2 NO
25. WAS CASE REFERRED TO	MEDICAL	· · · · ·				26. PL	ACE OF DEATN (C)	heak only o	ne)			
EXAMINER?	Н	OSPITAL:	☐ ER/Outpatien	2 DOA	OTHER	t:	5 Rasidenca					
27. MANNER OF OEATH	1.0	28a. DATE O		28b. TIM		28c. INJL		_	SCRIBE HOW II	NJURY OCC	URED	
	Pending	(Month, I	Day, Year)	INJ	URY M	1 🔲 Y	RK7 ES 2 NO					
2 Deviate	nvestigation	28e. PLACE	OF INJURY — A	t home, farm, s	treet, facto				CATION (Street a	nd Number	or Rural	Route Number,
	Could not be determined	vemper, (	atc. (Specify)	upkins	1	tase	vita 1	City	or Town, State)	timo	11	m D
29a. CERTIFIER	IEVINO BUVOLO:			1	al ad object of	7	and alone and t	. 40 45			-	1111
CHECK DITY							and place, and du					a) and menner as stated.
2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner as stated.												
296. SIGNATURE AND TITLE OF CERTIFIER  29c. LICENSE NUMBER  29d. DATE SIGNED (Month, Day, Year)												
Jan Ve. 17gge 11 1 19470 3/28/90												
30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)												
Paul R. Itope MD Johns Hopkins Hospital Bultimore MD												
31, DATE FILEO (Month, Day,	Hope.	32. REGISTR	Johns	Hupk	125 /	Hous	pital	Ba	Himor	m	D	

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 22-fours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21203-31 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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FOR STATE REGISTRAR

	1. DECEDENT'S NAME (First, Middle, Last	Dollie	May Me	ether	ny				2. DATE O MONTH	F DEATH DAY	199	YEAR	3:00 p
	4. SOCIAL SECURITY NUMBER 236-76-7877	1 🗆 M 2 🕮 F	AGE (in yrs. las	t birthday) YRS.	IF UNDER	DAYS	IF UNDER	MIN.	3-	F BIRTH Day, Year) 7-1899		Country)	ACE (State or Foreign W. Va.
TOR	90. FACILITY NAME (If not institution, give Garrett County Me		pital		9b. CITY	TOWN	Oak1		EATH			rett	тн
DIRE	W. Va.	Preston		10c. CIT	Te		Alta	ı				1	Od. INSIDE CITY LIMITS?  YES 2 NO
NERAL		2 Caldwell					of. ZIP COD	26	5764			USA	AT COUNTRY?
BY FUNI	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EN FORCES? 1 I I IF YES, GIVE WAR	YES 2 N		119	If yes, s		m, Maxica	in, Puerto Ri	(Specify Yes can, etc.)	or No	14. RACE — Black, \ Specify:	White, atc. White
COMPLETED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)	UCATION de completed) College (1-4 or 5 +)	(G.	live kind of Do NOT u	work done se retired.) naker	during m	ION lost of working	ng	16b. 1		omestic		
ш	17. FATHER'S NAME (First, Middle, Last)	David Ta	aylor				18. MOT	HER'S NA		ddle, Maiden S la Fra			
TO B	19a INFORMANT'S NAME (Type/Print) Mrs. Helen Nordec	, and the state of											
	20a. METHOD OF DISPOSITION  1 57 Burlel 2 Cremetion 3 Re 4 Donation 5 Other (Specify)		20b. PLACE other pla	ace)	ra A	lta	Ceme	etery			rra A	-	W. Va.
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY Arthur H. Wright Funeral Home, Inc. 105 Highland Ave. Terra Alta, WV 26764  23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest,   Approximation   Approx												
ERTIFICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  Ventricular arrhythmia leading to 3° Block  DUE TO (OR AS A CONSEQUENCE OF):  Ischemic Heart Disease  DUE TO (OR AS A CONSEQUENCE OF):  Arteriosclerotic Cardio-Vascular Disease  DUE TO (OR AS A CONSEQUENCE OF):											10 days years years	
IAN: MEDICAL C	PART II. Other significent condition	ons contributing to de	sth but not i	recuiting	In the u	nderiyir	ng ceuse	given in	Part I.	VERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  YES 2 NO			
SIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 X YES 2 NO	HOSPITAL:	R/Outpatient 3	DOA	OTHE 4 \( \text{Nu}	R:			6 Other				
ВУ РНУ	27. MANNER OF DEATH  1 V Natural 5 Pending 2 Accident investigation		Year)		JURY M	1 🗆	JURY AT ORK? YES 2 [	□ NO	26d. DE\$0	CRIBE HOW IN	JURY OCC	URED	
ETED	3 Suicide 6 Could not b 4 Homicide detarmined	28e. PLACE OF III building, etc		ome, farm,	street, fac	tory, offi	lce			TION (Street a r Town, State)	nd Number	or Rural Roo	ute Number,
COMPL	onel	SICIAN: To the best of my NER: On the bests of exam											and manner ee stated.
TO BE	30. NAME AND ATTLE OF CENTRE	to Long,	Mon	- 1	mE	2		056					Month, Day, Year) 2, 1990
	Herbert H. Leigh		Oak @			, (	akla:	nd,	Mary1	and 2	21550		
	APR 3 90	Jedia Decre	on-An	delle									
													DHMH-16 Rev

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the hospital or attending physician.	
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	es 1, 2, 3 should
be filed within 72 hours affer death with the State Dept. of Health and Memai Hypierie prior to burial, cremation, or removal.	
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	\$ 5000 B

31. DATE FILED (Month, Day, Year)
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	FOR 1 - STATE REGISTRAR	STATE OF MA			TMENT OF H				E			
	1. DECEDENT'S NAME (First, Middle, Last)			ENTIFE	CATE OF	DEALIT	2. DATE OF	REG. NO.			3. TIME OF DEATH	
,	Arnold Edwa	rd Malono					April	DA		YEAR		
	4, SOCIAL SECURITY NUMBER		AGE (In yrs. Is	st birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF		1990		1914 O Poreign	1
	236-12-4967	1 € M 2 🗆 F	84	YRS.	MONTHS DAYS	HOURS MIN.	April	ny; Year)	2006	Countr	nsylvania	
	9a. FACILITY NAME (If not institution, give str		04		9b. CITY. TOWN C	R LOCATION OF DE		49 .		INTY OF D		$\dashv$
DIMECTOR	Frederick Memori	T.	Frederick Frederick									
					TOWN OR LOCATION 10d. II				10d. INSIDE CITY	$\neg$		
	1 degrada	rederick			Mt. Airy				LIMITS? 1 YES 2 A NO			
FUNEWAL	12810 Old National Pike				101	101. ZIP CODE 109. CITIZEN OF WHAT U.S.A						
5	11. MARITAL STATUS	12. WAS DECEDENT	VER IN U.S. A	RMED		ENDENT OF HISPAN			or No-	14. RACI	E — American Indian, k, White, etc.	$\neg$
'n	1 Never Married 2 Married 3 Nover Married 2 Divorced	FORCES? 1 FYES, GIVE WAR		MO		2 NO Specifi		n, etc.)		Speci	White	
3	15. DECEDENT'S EDUC (Specify only highest grade				USUAL OCCUPATION		16b. KJ	ND OF BUS	SINESS/IN			
ų I	Elementary/Secondary (0-12)	College (1-4 or 5+)	iii	e. Do NOT us	e retired.)	ot or working						
Ē	9			Ca	rpenter			Bu:	ildiı	ng		
COMPL	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	ME (First, Midd	ile, Maiden	Sumame)			$\exists$
	Dane DeVa	ult Malon	е			Elle	en Hei	nz				
מ כ	19e. INFORMANT'S NAME (Type/Print)		1			nd Number or Rural					·	
-	Richard D. Malo	ne		2640	O Aiken	Dr., Cla	arksbu	rg, l	Md. a	2087]		
	20e. METHOD OF DISPOSITION  © Buriel 2 Cremation 3 Remo	wal from State	other t	place)		netery, crematory or				- City or To		
	4 Donation 5 Other (Specify)		Bev	erly				Mo	orgai	ntown	1, W. Va.	_
1	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	. 4		22. NAME AI	L. Mole:	SWOTT.h	. p./	Α.			
	Olin L.W	lolesun	the			. Ridge I		-		Md.	20872	
	23. PART I. Enter the diseases, or c ahock, or heart failure. I IMMEDIATE CAUSE (Finel disease or condition	omplications that of	on each lin	ia.	ot enter the mo						Approximete Interval Batwee Onset and Dea	
	resulting in death)	Legs	R AS A CONSI	V 17	_							4
1		DUE 10 (0	H AS A CONSI	EOUENCE OF	T):	-	n her.	2	Carrie	-		
S	Sequentially list conditions,	DUE TO (O	R AS A CONSI	FOLIENCE OF	C.C.C.C.	is and	1/			07		$\dashv$
HIFICATION	If any, leading to immediata cause. Enter UNDERLYING	502 10 (0	n AS A CONS	EGGENCE OF	· ·		0				i i	
5	CAUSE (Disease or Injury that initiated events	DUE TO (O	R AS A CONSI	EOUENCE OF	j:							-
<b>=</b>	resulting in death) LAST											
3											+	
4	PART II. Other significant condition	contributing to d	eath but not	rasulting i	n the underlyin	g cause given in	Part i. 24	In. WAS AN PERFOR		248	AVAILABLE PRIOR TO	
MEDICAL							1	YES 2	NO 📋		OF DEATH?	
불											1 TYES 2 NO	
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			26. PI	ACE OF DEATH (C)	heck only one)					
PHYSICIAN:	1 TES 2 NO											
든	27. MANNER OF DEATH  1 Natural 5 Pending	28a. DATE OF IN (Month, Day,		26b, TIM INJ	URY WO	RK?	28d. OEŞCR	IBE HOW	INJURY O	CCURED		
à	1 Natural 5 Pending 2 Accident Investigation					res 2 No						_
	3 Suicide 6 Could not be determined 286. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 286. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 287. LOCATION (Street and Number or Bural Route Number of Bural Route Number of Bural Route Number of Street and Number of Bural Route Number of Street and Number of Bural Route Number of Street and Number of Bural Route Number of Street and Nu								Route Number,			
COMPLETED	29e. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) and manner as stated.  2 Image: Certifying Physician: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) and manner as stated.											
BE CO	29b. SIGNATURE AND TITLE OF CENTIFIER	116	/ /	29c. LICENSE NUMBER  D 2 6 4 9   V - 5 - 90						$\exists$		
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE	OF DEATH (IT	EM 27) (Type	Print)	1000	. //					_
	Ronald E.					ve, Mt.	Airy,	Md.	2177	/1		

4 Culwell Drive, Mt. Airy, Md. 21771

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3. TIME OF DEATH

DHMH-16 Rev 1/89

after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21203-3146

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

APR 0 9 1990

1 -

		E
	SUPL	filled in
13146,	executed within	and completely
D. BOX	certificate be	fine physician
J.	death o	e attand
RDS	that the	ad hy th
NECO	requires	and cinne
AL F	The law	a hae h
OF VIT	PHYSICIAN:	this cartificat
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2- July	courses independent Above this contribute has been closed by the attending physician and completely filled in the
	HOSPITAL	CHAICDAN

DAY 8:30 A. 1990 April 3, BRYAN JOSEPH MOORE SR. 7. DATE OF BIRTH (Month, Day, Year, Feb. 13, 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. B. BIRTHPLACE /State or Foreign MONTHS DAYS HOURS MIN. Md. 1 M 2 F 49 217-40-5355 1941 Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give alrest and number 9h CITY TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Middletown 206 Lombardy Ct. Frederick RESIDENCE OF DECEDENT 100. STATE Md. 10c. CITY, TOWN OR LOCATION
MIddletown 10d. INSIDE CITY Frederick 1 X YES 2 NO permit. FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 206 Lombardy Ct. 21769 U.S.A. for use as the burial-transit 13. WAS DECENDENT OF HISPANIC ORION? (Specify Yea or No—
If yea, specify Cuben, Maxican, Puerto Rican, atc.)

1 YES 2 NO Specify: 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYPES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 14. RACE — American Indian, Black, White, atc. 1 Never Married 22 Merried Specify: White BY 3 Widowed 4 Divorced ED 15. DECEOENT'S EDUCATION (Specify only highest grade complete 16s. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY COMPLET Elementary/Secondary (0-12) College (1-4 or 5+) owner land developement funeral director, page 5 should be detached once. 18. MOTHER'S NAME (First, Middle, Meiden Sumame) 17, FATHER'S NAME (First, Middle, Last) Bryan W. Moore Clara B. Harrison notified at 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 Gloria M. Moore 206 Lombardy Ct., Middletown, Md. 21769 the medical examiner must be 20e METHOD OF DISPOSITION
1- A Buriel 2 Cremetion 3 - R 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION — City or Town, State Reformed Cemetery Middletown. 4 Donation Other (Specify) 22. NAME AND ADDRESS OF FACILITY
Donald B. Thompson Funeral Home 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 31 E. Main St., Middletown, Md. 21769 in by the f 23. PART 1. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiec or respiratory arrest, shock, or haert failure. List only one cause on each line. Approximata Interval Batween cremation, or Onset and Death IMMEDIATE CAUSE (Finel disease or condition resulting in death) EYETESIVE shows any injury, or other traumatic event, DUE TO (OR AS A CONSEQUENCE OF): of Health and Mental Hygiene prior to burial, 9 00 DUE TO (OR AS A CONSEQUENCE OF): 500-60-47 CERTIFICATION Sequentially list conditions, if any, leading to immediate couse. Enter UNDERLYING CAUSE (Disease Dr Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL PERFORMED? AMAJLABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO 1 YES 2 NO PHYSICIAN: the State Dept. S 26. PLACE OF DEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL Hem EXAMINER? HOSPITAL: OTHER: 1 | Inpatient 2 | ER/Outpatient 3 | DOA ng Home 5 Residence 6 - Other (Specify) marked, or 27. MANNER OF DEATH 28a. OATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED with P 1 Natural
2 Accident 6 Pending M 1 YES 2 NO BY death Investigation 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined .00 hours after o COMPLETED 4 Homicide 28 TO THE HOSPITAL OR ATT TO THE FUNERAL DIRECTE be filed within 72 hours at IMPORTANT: If Item 21 29e. CERTIFIER

\*\*Chank only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner as stated. 2 🗋 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(a) and menner se stated. 29b, SIGNATURE AND TITLE OF CERTIFIER 29d, DATE SIONED (Month, Day, Year) 29c. LICENSE NUMBER BE 10 ADDITIESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Kansch 11021701 Trederi M 501 W) Gregory CH 32. REGISTRAN'S SIGNATURE 31. DATE FILED (Month, Day, Year)

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

2. DATE OF DEATH

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should

		FOR STATE REGISTRAR	å.			MENT OF I		MENTAL HYGIEN REG. NO.			
	,	1. DECEDENT'S NAME (First, Middle, Las	"VILLE (	vhn)	f	MEM		2. DATE OF DEATH MONTH	" / ?"	3. TIME OF DEATH	
		4. SOCIAL SECURITY NUMBER 177–24–7814	5. SEX 6	. AGE (In yrs. less		IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 1/4/1926		BIRTHPLACE (State or Foreign	
	400	9a. FACILITY NAME (If not institution, giv	^	04		9b. CITY, TOWN	OR LOCATION OF OR		9c, COUNTY	ree Springs, PA.	
į.	ECTOR	Frederick Memorial				Frederi	ck		Freder	ick	
1	DIREC	10a. STATE 10b. COU	NTY		10c. CITY,	TOWN OR LOCA	TION			10d. INSIDE CITY LIMITS?	
	AL D	MD. Fre	derick		Fre	derick	r. ZIP CODE		10g. CITIZEN	1 VES 2 NO	
	E 1	221 Dill Ave.					21701		USA		
	BY FUN	11, MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [ IF YES, GIVE WAT	YES 2 N		If yes, sp		NC ORIGIN? (Specify Yes n, Puerto Rican, etc.) /:		RACE — American Indian, Black, White, etc. Specify: White	
	LETED	15. DECEDENT'S E (Specify only highest gra Elementary/Secondary (0-12)	College (1-4 or 5+)	(Gi life.	he kind of we Do NOT use		ost of working	16b. KIND OF BUS		TRY	
nce.	COMPL	12 17. FATHER'S NAME (First, Middle, Last)	5+	H1	gh Sch	ool Teach	Name and Address of the Owner o	Educat  ME (First, Middle, Melden			
d at	BE C	Domenico Memmi						Facchinei			
notffe	5	19a. INFORMANT'S NAME (Type/Print)  Mrs. Miriam S. Memmi		1.00				Route Number, City or Tow MD. 21701	n, State, Zip Coo	de)	
st be		20a. METHOD OF DISPOSITION 1 G-Burial 2 Cremation 3 R		20b. PLACE	OF DISPOSI		metery, cremetory or		CATION — City	or Town, State	
DE JE		4 Donation 5 Other (Specify)	-		Corpus Christi Cemetery Chambersburg, PA.						
or removal. medical examiner must be notified at once.		21. SIGNATURE OF FUNESAL SERVICE LIFENSEE  22. NAME AND ADDRESS OF FACILITY  R.G. Sellers Funeral Home, Inc.  297 Philadelphia Ave., Chambersburg, PA. 17201									
cremation.		23. PART I. Eriter the diseases, I ahock, or heart failur IMMEDIATE CAUSE (Finel disease or condition resulting in death)	e. List only Dne cause	on aach line					iratory arrest	, Approximate Interval Batween Onset and Death	
matic	CERTIFICATION	Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury Cause Disease Dise									
ttal Hygiene prior y, or other trau	CERTIFI	that initiated events resulting in death) LAST	DUE TO (0	DUE TO (OR AS A CONSEQUENCE OF): d							
and Memain ny injury, o	AL (				ut not resulting in the underlying cause given in Part I.				AUTOPSY RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
State Dept. of Hearth a litem 23 shows any	IAN: MEDIC	CENAL_CELL	CARCINON	IA C	600	META	STAFFS	1 🗆 YES 2	2 ☐ NO	OF DEATH?  1 YES 2 NO	
State De	SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		S [	OTHER:	PLACE OF OEATH (Ch				
2 6	PHYS	1   YES 2 NO 27. MANNER OF DEATH	1,25 Inpatient 2 1	JURY	28b. TIME	OF 28c. IN	me 5 Residence	28d. DESCRIBE HOW	INJURY OCCUR	ED	
after death with t	ED BY	1 Natural 5 Pending 2 Accident 3 Suicide 6 Could not determined	28e. PLACE OF building, et	INJURY — Al ho tc. (Specify)	me, farm, s	M 1 🗆	YES 2 NO	281. LOCATION (Street City or Town, State)		Rural Route Number,	
72 hours If Item	COMPLET	29a. CERTIFIER (Check only	YSICIAN: To the best of m							ause(s) and manner as stated.	
be filed within		29b. SIGNATURE AND TITLE OF CERTIF				i, at my operion,	29c. LICENSE NUI			IGNED/(Month, Day, Year)	
De filed	290. DIOSSO  30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)									1/1/90	
		31. DATE FILEO (Month, Day, Year)	32. REGISTRAR	'S SIGNATURE							
l		APR 1 0 1990	John Bavido	on-Aande	D2.					DHMH-16 Rev 1/89	

DEPTH 60

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TO BE COMPLETED BY FUNERAL DIRECTO

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILED (Month, Day, Year)

APR 09 190

FOR STATE REGISTRAR	STATE OF I	MARYLAND /	DEPAR					MENTA	L HYGIEN	E			
1. DECEDENT'S NAME (First, Middle, Last)  CARL WILLIAM	MART	ÍN						MONT	of DEATH		YEAR	3. TIME OF DEAT	
4. SOCIAL SECURITY NUMBER 219-30-0427	5. SEX 1 🔀 M 2 🗌 F	6. AGE (In yrs. la. 55	st birthday) YRS.	IF UNDER	1 YEAR	IF UNDER	24 HRS. MIN.	7 DATE	OF BIRTH		8. BIRT	HPLACE (Store or Fo	
9a. FACILITY NAME (If not institution, give str 2534 Sandy Hook Ro						Hil				9c. COU	NTY OF I	DEATH	
RESIDENCE OF DECEDENT  100. STATE 100. COUNTY  Maryland Ha	rford			y, TOWN C								10d. INSIDE CITY LIMITS? 1 YES 2	
100. STREET AND NUMBER 2534 Sandy Hook F	load				101	2105				10g. CIT	IZEN OF US	WHAT COUNTRY?	
11. MARITAL STATUS 1 Never Married 2 X Married 3 Widowed 4 Divorced	FORCES? IF YES, GIVE V 1959—		NO		If yes, spi 1 🗀 YES	elfy Cube 2 □\NO	n, Mexica	n, Puarto y:	1? (Specify Yea		Whi:	E — American Indi ck, White, etc. city: te	en,
15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)		+) Wat	ecepent's Give kind of v e. Do NOT us ter T	work done se retired.)	ouring mo Ope ment	rato Pla	r nt	160	US-GO				
r. Father's Name (First, Middle, Last) Lilburn Ieo Martin						16. мот Ма:		AME (First, Middle, Melden Sumerne) Katherine Long					
19e. INFORMANT'S NAME (Type/Print) Dorothy Martin									ber, City or Tow est Hi			21050	
20a. METHOD OF DISPOSITION  1 Straightful 2 Cremation 3 Remo	val from State	Be I A	OF DISPOS	SITION (No	ial	netery, crer Garde	natory or			CATION —		Town, State	
21. SIGNATURE OF FUNERAL SERVICE LIC	Mc C	mas	111	7 H	owar	d K.	McC	omas	III F	uner	al H	ome, P.A d. 21009	١.
23. PART I. Entar tha diseases, or canock, or heert failure. It is in the second of th	DUE TO		EOUENCE O	F):	the mo	da of dy	ing, auc	ch se car	disc or reap	iratory ar	reat,	Approxim Interval B Onset sn	Setween
PART II. Other eignificent condition	•	daeth but not	resulting	in tha u	nderlyln	g cause	given in	Part I.	24e. WAS AN PERFO 1 YES	RMED?	24	Ib. WERE AUTOPSY F AMAILABLE PRIOR COMPLETION OF OF DEATH? 1 YES 2	CAUSE
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:		• 🗆 ====	ОТНЕ	R:			heck only o					
27. MANNER OF DEATH  1 Natural 5 Pending	28a, DATE O	ER/Outpatient F INJURY Day, Year)	20b. TIA		28c. IN.				er (Specify) SCRIBE HOW	INJURY O	CURED		
2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE building	OF INJURY — At I	nome, ferm,	street, fac					CATION (Street or Town, State		er or Rura	I Route Number,	

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
DUBYOS & 131 Bel Air Rd Bel Air MD

32 REGISTRAR'S SIGNATURE

29c LICENSE NUMBER 27

DHMH-16 Rev 1/89

29d. DATE SIGNED (Month, Day, Year)

BALTIMORE, MARYLAND 21203-3146	ars after death. Page 6 may be retained by the hospital or attending physician	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within as after death. Page 6 may be retained by the hospital or attending physician	JNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely thin 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremati	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	TO THE	TO THE be filed	IMPOR

KOLOD

31. DATE FILED (MORTS Day,

527

'90

- STATE REGISTRAR		CE	ERTIFIC	ATE C	F DEATH		REG. NO.			
1. DECEDENT'S NAME (First, Middle, Las	ARTEL					2. DATE MONT	OF DEATH DA	30	YEAR 90	1:35 A
4. SOCIAL SECURITY NUMBER	-	6. AGE (In yrs. las		UNDER 1 YEA		. 7. DATE	OF BIRTH		8. BIRTH	IPLACE (State or Foreign
018-30-7839	1 🗆 M 2 🖫 F	84	YRS.	NTHS DAY	S HOURS MIN	05	104/0	55	Rho	de Island
90. FACILITY NAME (If not institution, give LORIEN NURS	o street and number)				MBJA	DEATH	, ,	90. COUNTY OF DEATH HOWARD		
RESIDENCE OF DECEDENT  10e, STATE 10b, COU	UTV		10c. CITY, T	OWN OR LO	CATION					10d. INSIDE CITY
Massachusetts	Norfolk		100. 0111, 1	0111 011 20	Welle	sley				LIMITS?
10e. STREET AND NUMBER					10f. ZIP CODE			10g. CIT	IZEN OF V	WHAT COUNTRY?
4A Putney Ro			DA ARTO	140 1100	100.0	2181	10.40		U.S	
1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2	NO	If yes	DECENDENT OF HIS is, specify Cuben, Me YES 2 NO Sp	cican, Puerto	Y? (Specify Yea Rican, etc.)	or No-	Black	E — American Indian, k, White, etc.
15. DECEDENT'S E			CEDENT'S US			188	. KIND OF BUS	SINESS/INC	DUSTRY	
(Specify only highest gn Elementary/Secondary (0-12)	fe Domestic									
17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S	NAME (First,	Middle, Malden	Surname)		
Nap	oleon Brou	illette	è		18. MOTHER'S NAME (First, Middle, Melden Surneme)  Estelle Belangeron					
19a, INFORMANT'S NAME (Type/Print)				DRESS (Str	eet and Number or Ru				p Code)	
Mrs Claire Walk  20e, METHOD OF DISPOSITION  42 Burlel 2 Cremation 3 R		6	00 Wes	st 11-	th Street	New	York.	New	York	10025
Mount Saint Mary's Cemetery Pawtucket, Rhode T  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY Marzullo Funeral Service  3981 Carrollton Road Upperco, Maryland 2										-1 701 7 70
	nazull	2	Mour	22, NAM	E AND ADDRESS OF	FACILITY	Marzul	lo F	uner	al Service
21. SIGNATURE OF FUNERAL SERVICE  23. PART I. Enter the diseasea, to shock, or heart fellul  IMMEDIATE CAUSE (Finel	or complications thet	se on each line	eeth. Do not	398:	e and address of 1 Carroll	ton R	Marzul oad U	lo F	uner	al Service
21. SIGNATURE OF FUNERAL SERVICE  DULL D  23. PART I. Enter the diseases, part fellures and part fellures.	or complications that re. Liet only one cause		eeth. Do not e.	398:	E AND ADDRESS OF	ton R	Marzul oad U	lo F	uner	al Service Maryland 21 Approximate Interval Between
21. SIGNATURE OF FUNERAL SERVICE  23. PART I. Enter the diseasea, can shock, or heart fellur immediate cause or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	a. DUE TO	vo sey	eeth. Do not e.	398:	E AND ADDRESS OF	ton R	Marzul oad U	lo F	uner	al Service Maryland 21 Approximate Interval Between
23. PART I. Enter the diseases, a shock, or heart fellur IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate	a. DUE TO DUE TO C.	OR AS A CONSE	OUENCE OF):	398:	E AND ADDRESS OF	ton R	Marzul oad U	lo F	uner	al Service Maryland 21 Approximate Interval Between
23. PART I. Enter the diseasea, to shock, or heart fellur immediate Cause (Finel disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO	OR AS A CONSE	COUENCE OF):	22, NAM 398: enter the	E AND ADDRESS OF	ton R	Marzul oad U	LO F	uner:	al Service Maryland 21 Approximate Interval Between
23. PART I. Enter the diseasea, shock, or heart fellur immediate CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificent conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. DUE TO DUE TO d. Heart	OR AS A CONSE	COUENCE OF):	22. NAM 398: enter the	E AND ADDRESS OF	ton R	Marzul oad U diac Dr respi	LO F	uner:	al Service Maryland 21 Approximate Interval Between Onset and Death  3/12/fic  b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE DF OEATH? 1 YES 2 NO
23. PART I. Enter the diseasea, a shock, or heart fellur immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death)  PART II. Other significent conditions.	a. DUE TO C. DUE TO d. Heart	OR AS A CONSE	COUENCE OF):	22. NAM 398: enter the	E AND ADDRESS OF	ton R such es car	Marzul oad U diac or respi	LO F	uner:	al Service Maryland 21 Approximate Interval Between Onset and Death  3/12/fic  b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE DF OEATH? 1 YES 2 NO
23. PART I. Enter the diseasea, a shock, or heart fellur immediate CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificent conditions, in any leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO DU	OR AS A CONSE	COUENCE OF):	22. NAM 398: enter the the under	E AND ADDRESS OF Carroll mode of dying, a	In Part I.	Marzul oad U diac or respi	lo F pper pretory ar	uner: CO, 1	al Service Maryland 21 Approximate Interval Between Onset and Death  3/12/fic  b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE DF OEATH? 1 YES 2 NO
23. PART I. Enter the diseasea, a shock, or heart fellul immediate (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificent conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificent conditions, if any leading in death) LAST  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH  1 Natural 5  Pending	DUE TO DU	OR AS A CONSE	COUENCE OF):  COUENCE OF):  COUENCE OF):  COUENCE OF):  COUENCE OF):  COUENCE OF):  COUENCE OF):	22. NAM 398: enter the	E AND ADDRESS OF  Carroll  mode of dying, a  fyling ceuse giver  Company  B. PLACE OF DEATH  Home 8   Raelder  LINJURY AT   WORK?	In Part I.	Marzul  Oad U  diac or respi	AUTOPSY MED?	uner: CO, 1	al Service Maryland 21 Approximate Interval Between Onset and Death  3/12/56  WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1 YES 2 NO

MD 21043

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL			F HEALTH A		NTAL HYGIENE REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	DOROTHY		ROWE		2.	DATE OF DEATH	,	YEAR 3.	TIME OF DEATH
		SEX BLAGE	In yrs. last birthday)	IF UNDER 1 YE	AR IF UNDER 24		DATE OF BIRTH		90	7 50 P M
		□ M 2 X F	75 YRS.	MONTHS DA			(Month, Day, Year)		Country)	y LAND
-	9a. FACILITY NAME (If not institution, give street	and number)	7.5	9b. CITY, TO	WN OR LOCATION	OF DEATH	- ·	9c. COUN	TY OF DEAT	н
DIRECTOR	Bel- FOREST N	sq Conte	الس		Forest L	ally	Dr.	<u> 11</u>	ARF	ORd
REC	10a. STATE 10b. COUNTY		1	, TOWN OR L	DCATION				100	I. INSIDE CITY LIMITS?
	Maryland Harfo	rd	Bel	Air						YES 2 🔀 NO
FUNERAL	100. STREET AND NUMBER 520 S. Kenmore Ave	nue			101. ZIP CODE	114		US	ZEN OF WHA	COUNTRY?
20	11. MARITAL STATUS 12	. WAS DECEDENT EVER IN FORCES? 1 YES				HISPANIC C	ORIGIN? (Specify Year			American Indian,
BY	1 Never Married 2 Married 3 Divorced	IF YES, GIVE WAR OR DA			YES 2/1/ NO	Specify:	uerto racan, etc.)		Specify:	white
	15. DECEDENT'S EDUCATI (Specify only highest grade con	ION Professor	16a. OECEDENT'S	USUAL OCCU	PATION		16b. KIND OF BUS	INESS/IND	USTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)			g most of working					
M	12	J+	Adminis	tratio	.,	R'S NAME /	Educati (First, Middle, Maiden S	_		
BE C	John F. Mudd						a R. Turn			
9	19a. INFORMANT'S NAME (Type/Print)						Number, City or Town			
	Perry Rowe	200	DZU S				el Air, M		LU14 City or Town,	State
	1 Burial 2 Cremation 3 Remova		other place) St. Mary			iory or			wn. Mo	124-15-6
	21. SIGNATURE OF FUNERAL SERVICE LICEN	IA.		22. NAN	E AND ADDRESS		ТҮ			
	tyll 1000	P		Hui P.	ntt Fun 0. Box	erai 156.	Home Waldorf	Md.	2060	4-0156
	23. PART I. Enter the diseases, or com shock, or heart failure. Lis			ot enter the	mode of dyln	g, such se	s cardiac or respli	ratory arr	rest,	Approximate Interval Between
	IMMEDIATE CAUSE (Final disease or condition	Can do	'61	$\sigma \Lambda M$	at					Onset end Death
	resulting in death) a	DUE TO (OR AS A	CONSEQUENCE OF	2 /	n. lu.					
NO NO	Sequentielly list conditions,	PNW TO TOO AN	MALL	A	arme	/		1		
MAT	If any, leading to immediate cause. Enter UNDERLYING	Cari	mno	11	emy	A.	MAN	- "		
Ħ.	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF	14	a to	112	the 1	11/4	a.	
CERTIFICATION	d			VVI	000		(1)	W/,	ymy	
CAL	PART II. Other significant conditions of	contributing to death b	out not resulting	in the under	fying cause gi	ven in Par	T I. 24s. WAS AN PERFOR		AV	RE AUTOPSY FINDINGS ALLABLE PRIOR TO
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D BY	3 Suitside & Could not be	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, only)	street, factory,	office	28	M. LOCATION (Street a City or Rwin, State)	end Number	r or Runni Rout	u Number
ETE	4 Homicide determined						- A 04 04 04 04 04 04 04 04 04 04 04 04 04			
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he law requires that the death certificate be executed within 2 nours after death. Page 6 may be retained by the hospital or atte	e has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use is bept, of Health and Mental Hygiene prior to burial, cremation, or removal.	- 39 about the same indicate the software formand to second the second same second by a software and

		TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use a second of the attending physician and completely filled in by the funeral director, page 5 should be detached for use a second of the attending physician and completely filled in by the funeral director, page 5 should be detached for use a second of the attending physician and completely filled in by the funeral director, page 5 should be detached for use a second of the attending physician and completely filled in by the attending physician and completely filled in by the attending physician and completely filled in by the attending physician and completely filled in the attending physic		
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	OR /	DIRE	hours	item item
	SPITAL	ERAL	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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BALTIMORE, MARYLAND 21203-

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

1. DECEOENT'S NAME (First, Middle, Last)	AT 7/47 A MARKET	CERTIFIC	rtin)	DEATH	2. DATE OF D	DAY	YEAR	3. TIME OF OEATN	
(INFANT) CHELSEA  4. BOCIAL SECURITY NUMBER	ALICIA MARTI	14		T	Masch		90	1447	
None	1 🗆 M 2 💢 F	O YRS.	F UNDER 1 YEAR NONTHS DAYS	HOURS MIN.			Country	LACE (State or Foreign aryland	
9a. FACILITY NAME (If not institution, give s			9b. CITY, TOWN	OR LOCATION OF DE	EATH	9c. COL	ATN		
PENINSULA GENERA	L HOSPITAL		SALI	SBURY, M	IARYLAN	YLAND WICOMIC			
RESIDENCE OF DECEDENT  10s. STATE  10b. COUNT	Y	10c CITY	TOWN OR LOCA	TION			10d. INSIDE CITY		
MD Soi	merset	100.011,	Crisfi	eld				LIMITS?	
10e. STREET AND NUMBER			101. ZIP CODE					EN OF WHAT COUNTRY?	
59 Richard	son Ave.			21817			USA		
11. MARITAL BTATUS	12. WAS OECEDENT EVER IN FORCES? 1 YES			ENDENT OF HISPAN			14. RACE	- American Indian, White, etc.	
1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA		If yes, specify Cuben, Mexican, Puerto 1 YES 2 NO Specify:			, etc.)	Specify	r:	
								White	
15. DECEDENT'S EDU (Specify only highest grade	16a. OECEOENT'S U	ork done during me		16b. KINI	D OF BUSINESS/IN	DUSTRY			
Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT use	retired.)						
none		No	one		IV.	lone			
17. FATHER'S NAME (First, Middle, Lest)			18. MOTHER'S NA	ME (First, Middle	, Maiden Surname)				
Lance Dean Reese			Pamela	a Marti	.n				
19a. INFDRMANT'S NAME (Type/Print)	19b. MAILING A	ADDRESS (Street a	and Number of Rural	Route Number, C	ity or Town, State, Z	ip Code)			
Mrs. Billie Rae F	Reese	120 Ha	all High	nway - Cr	risfiel	d MD	2181	7	
		PLACE OF DISPOSIT			Tarrer	20c. LOCATION -			
20s. METHOD OF DISPOSITION 3 2 11 Buriel 2 Cremetion 3 Hem	foval from State	other place)							
Sunnyridge Memorial Park Crisfield, MD  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY									
							Jomo		
Kalut	1. Bud		DT	ausilaw &	DUILD L	THE AL			
23. PART I. Enter the diseases, pr	complications that caused		306	5 W. Mair	st	Crisfie	eld. N		
23. PART I. Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Anen	the death. Do no	ot enter the mo	5 W. Mair	st	Crisfie	eld. N	Approximate interval Betwoonset and D	
ahock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition	a. OUE TO (OR AS A OUE TO (OR AS A C.	the death. Do no	et enter the mo	5 W. Mair	st	Crisfie	eld. N	Approximate interval Bety	
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32. REGISTRAD'S SIGNATURE
Julia Davidson-Rindelle

MAR 27

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A L LINE WESTER A REPUBLIC TO

BALTIMORE INTRYIND 21203-3146	ifter death. Page a least the second of the	r the funeral direction of the contact of the force of the burial-transit permit. Pages 1, 2, 3 should noval.	al examiner mitter metall once.	
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page Feet and the death of the second of the hours after death. Page Feet and the second of the hours after death.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled In by the funeral directions and within 72 hours after death with the State Deor, of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner military bills	

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	FOR 1 - STATE REGISTRAR	STATE OF MA			TMENT				MENTAL HYGIEN	E		
	1. DECEDENT'S NAME (First, Middle, Last)				IOA: _	0.	bren.		2. DATE OF DEATH		- 12	3. TIME OF DEATH
1	William	F. M	ASON						3 29	y	90	150/AM
			AGE (In yrs. last	birthday)	IF UNDER	YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH		. BIRTHE	PLACE (Stete or Foreign
ì	212-03-8479	1 M 2 F	88	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year)		Country,	vland
	Se. FACILITY NAME (If not institution, give stre	et end number)	00		9b. CITY,	TOWN O	R LOCATIO	N OF DE				The last term of the la
8	Manokin Manor I	Vursing	Home		Pr	inc	egg	Ann	ne, Md. Somerset			set.
5	RESIDENCE OF DECEDENT	TO LITE	110110					23, 777	7.7.1			
DIRECTOR	10e. STATE 10b. COUNTY				Y, TOWN O							10d. INSIDE CITY LIMITS?
	Maryland Some	erset		P:	rinc					The second		1 YES 2 NO
FUNERAL						107.	ZIP CODE			100		HAT COUNTRY?
<u>H</u>	Manokin Manor				T		218				S.	
5	11. MARITAL STATUS 1 Newfr Merried 2 Merried	12. WAS DECEDENT FORCES? 1	YES 2 NO	0	- Н	yes, spe	city Cubar	(, Mexican	IC ORIGIN? (Specify Yee 1, Puerlo Rican, etc.)	or No-		- American Indian, White, atc.
B	3 Widowed 4 Divorced	IF YES, GIVE WA	R OR DATES		1	☐ YES	2 1 NO	Specify:		- 1	Specify	White
8	15. DECEDENT'S EDUCA	ATION	16a. DEC	EDENT'S	USUAL OC	CUPATIO	N		16b. KIND OF BUS	INESS/INDU	_	
E	(Specify only highest grade c Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. I	o land of Do NOT u	work done d se retired.)	uring mo	it of working	9				
P.	12	2 2021 - 74		Fari	mer				Agri	cult	ure	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOTH	IER'S NAM	ME (First, Middle, Meiden	Surname)		
BE (	William H. Mas	son					Ge	ertr	ude Tayl	or		
TO B	19e. INFORMANT'S NAME (Type/Print)								loute Number, City or Tow			
-	Mrs. Royce Bea	auchamp							incess A			
	20a. METHOD OF DISPOSITION  1 Burlel 2 Cremation 3 Remove	val from State	20b. PLACE Control other place	ce)						CATION — C		
	4 Donation 5 Other (Specify)		St.	And:						· An	ne,	Md, 2185
	21. SIGNATURE OF FUNERAL SERVICE LICE	INSEE					an F		ral Home			
	6 Coms 2 H	1 moment	4 MOO2	95	P	rin	cess	An	ne, Md.	2185	3	
	23. PART / Enter the diseases, or co	omplications that	caused the dea	th. Do	not enter	the mo	de of dyi	ng, suci	h aa cardlac or respi	ratory srre	st,	Approximete Interval Between
	IMMEDIATE CAUSE (Final	at only one caus	e on each me.			0						Onset and Daath
	disease or condition resulting in death)	and	wilose	100	dry	16	res	7				Inenectiat
	,	OUE TO (C	OR AS A CONSEQ	UENCE O	)F): (							~
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RTIFICATION	CAUSE (Disease or Injury	DUE TO "	DR AS A CONSEQ	Uhr.	M	INE	· /u	ne	mens			Terus
Ë	that initiated events reaulting in death) LAST	DOE 30 (C	on as a conseq	OENCE C	n- ).			U				
岗	d.	•										1
4	PART II. Other significant conditions	1 1	- 6	101	1 4	dertyln	cause g	given in	Part I. 24s. WAS AN PERFOR		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDICAL	Hurce Denne	nta u	Uzhei	mei	à.	40	<u> </u>		1 _ YES 2	-		COMPLETION OF CAUSE OF DEATH?
NE I			0						_	0		1 - YES 2 X NO
ż												, 0
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		ACE OF D	EATH (Che	eck only one)			
YSI		1   Inpatient 2	ER/Outpatient 3	□ DOA			e 5 □ Re	sidence	8 Other (Specify)			
H	27. MANNER OF DEATH  1 Matural 5 Pending	28s. DATE OF II (Month, Day		28b. TII	JURY		PIC?		28d. DESCRIBE HOW I	NJURY OCC	URED	
BY	2 Accident Investigation				М		YES 2	NO				
8	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF building, e	INJURY — Al hor itc. (Specify)	ne, farm,	street, fact	ory, offic	•		281. LOCATION (Street City or Town, State)		or Rural R	loute Number,
E												
P.	(Check only one)											
COMPLET	2 MEDICAL EXAMINER	: On the basie of exa	amination end/or is	nvestigati	ion, in my o	pinion, d	eath occur	red at the	time, date and place, er	nd due to the	Cause(s)	) and menner as stated.
ш	296. SIGNATURE AND TITLE OF CERTIFIER	6.0.					29c. LICI	ENSE NUA	WBER C	29d. DATE	SIGNED	(Month, Day, Year)
TO B	Mark	sum	MM				1	36	108	3	- 7	7-90
-	38. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE	E OF DEATH (ITEM	1 27) (Tun	e Print)							

e M.O. Mt Ver 32. REGISTRAR'S SIGNATURE Julia Savidson-Amdall

30'90

	FOR STATE REGISTRAR	STATE OF MA					EALTH DEAT		MENTAL	REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last) Richard	V.	Me	eho	L N				2. DATE (	OF DEATH DA	× 2	40	3. TIME OF DEATH  548 A M
	4. SOCIAL SECURITY NUMBER 213-28-7959	5. SEX 1) M 2 F	6. AGE (In yrs. lest	birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE (	9-31		6. BIRTH	PLACE (State or Foreign
~	9e. FACILITY NAME (If not institution, give s			- 1			R LOCATIO	ON OF DE	ATH			NTY OF D	EATH
CTO	Greater Laurel-E		e Hospit		Lau						Prir	ice G	leorge
DIRE	Maryland Princ	e George			v, town o	_	ION						10d. INSIDE CITY LIMITS? 1 X YES 2 NO
3AL	10e. STREET AND NUMBER	- D			101. ZIP CODE								VHAT COUNTRY?
UNE	902 Phillip Power	12. WAS DECEDENT				WAS DEC				? (Specify Yee	or No-		E — American Indian, k, White, atc.
BY FUNERAL DIRECTOR	1 Never Merried 2 Merried 3 Wildowed 4 Divorced	FORCES? 1)	YES 2 N	0			2 NO	n, Mexican Specify	n, Puello R	ticen, etc.)			"y: White te
事	15. DECEDENT'S EDU (Specify only highest grade Elementery/Secondery (0-12)	CATION completed) College (1-4 or 5+)	(Gh	e kind of Do NOT u	work done se retired.)	during mo	ON st of workin	g		nstru(			
COMP	17. FATHER'S NAME (First, Middle, Last)		1 410	CUII	Cian				ME (First, A	Aiddle, Maiden			
BE	Thomas J. Meehan		196	. MAILING	ADDRES	S (Street a			or Re	ed er, City or Tow	n. State. Zi	in Code)	
2	Carol Ann Meehan									Laurel			707
	20a, METHOD OF DISPOSITION  1 Description   Method   Description   Method   Description   Method   Description   Method   Description   Method   Description	oval from State	20b. PLACE of other place Mead	ce)					`k			Cily or To	Maryland
	2). SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		1	22.	FIEC	K FU	nera	HO	me, Ir	nc.		MD. 20707
	23. PART I. Enter the diseases, or shock, or heart fallure.				_								Approximate Interval Between
;	IMMEDIATE CAUSE (Final												
ATION	disease or condition resulting in death)  •												
CERTIFICATION	CAUSE (Discess or injury that initiated events reaulting in daath) LAST	deese or injury DUE TO (OR AS A CONSEQUENCE OF):											
CALC	PART ii. Other significant condition	6 contributing to	death but not re	esulting	in the u	ndarlyln	g cause	given in	Part I.	24a. WAS AN		24b	. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
PHYSICIAN: MEDIC										1 TYES	NO		COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	NOSPITAL:			ОТНЕ		LACE OF D	EATH (Ch	eck only on	ne)			
HYSI	1 U YES 2 NO 27. MANNER OF DEATH	28e. DATE OF		28b. TI	4 🗆 Nu	28c. INJ	URY AT	eldence	6 Othe	r (Specify) SCRIBE HOW	NJURY O	CCURED	
BY	1 Netural 5 Pending Accident Investigation 3 Suicide 6 Could not be	(Month, Da	F INJURY — At ho		JURY M	1 🗆	YES 2	□ NO	28f. LOC	ATION (Street	end Numb	er or Rural	Route Number,
ETE	4 Homicide determined	building, o	etc. (Specify)						City	or Town, State,			
COMPLETED	CONSULT OFFIN	ICIAN: To the best of ex											e) end menner ee stated.
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER  290. LICENSE NUMBER  290. DATE SIGNED (Month, Day, 16ar)  V12 90  V12 90									(Month, Day, Year)			
-	30. NAME AND ADDRESS OF PERSON WE MARTIN WELTZ	O COMPLETED CAUS	SE OF DEATH (ITE	27) (Typ	e, Print)	0	, 0	hea	rel	+ M	D	207	70
31. DATE FILED (Month, Day, Year), 90 32. REGISTRAR'S SIGNATURE APR 0 3 90 Juna Davidson-Randelle													

DHMH-16 Rev 1/89

BALTIMORE, MARYL

DIVISION OF VITAL RECORDS, P.O. BOX 13 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exect TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and	5	exect	and
DIVISION OF VITAL RECORDS, P.O.  THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cert  THE FUNERAL DIRECTOR: After this certificate has been signed by the standing	BOX	ificate be	physician
DIVISION OF VITAL RECORDS,  THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the u  THE FUNERAL DIRECTOR: After this certificate has been signed by the	P.0.	death cert	attending
DIVISION OF VITAL RE THE HOSPITAL OR ATTENDING PHYSICIAN: The law re O THE FUNERAL DIRECTOR: After this certificate has bee	CORDS,	quires that the	n signed by the
DIVISION OF V THE HOSPITAL OR ATTENDING PHYSICIA O THE FUNERAL, DIRECTOR: After this cepti	ITAL RE	N: The law re-	ficate has bee
DIVISION  THE HOSPITAL OR ATTENDING  THE FUNERAL DIRECTOR: After	OF V	PHYSICIA	this certi
THE HOSPITAL THE FUNERAL	NOISINIO	OR ATTENDING	DIRECTOR: After
至 至	_	HOSPITAL	FUNERAL
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	FOR STATE REGISTRAR	STATE OF MARYLA		RTMENT OF		MENTAL HYGIEN REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last) Helen Louise	Merten				2. OATE OF DEATH	, 199	YEAR	:15 A M	
	4. SOCIAL SECURITY NUMBER 159-16-8957	1 □ M 2 Ø F 77	yrs. lest birthday) 7 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day Year) 1/21/13		8. BIRTHPLACE (State or Foreign Country) Pennsylvania		
TOR	98. FACILITY NAME (If not institution, give to 16 Midway Avenual Residence of Decement			Laur	el	EATH	1			
DIREC	10e. STATE 10b. COUNT Maryland Howa		y, town on Loca lure1	ATION				LINSIDE CITY LIMITS? YES 2 NO		
FUNERAL DIRECTOR	16 Midway Avenue			10	20723			ted St		
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Olvorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED 2 X NO TES	If yee, s		NIC ORIGIN? (Specify Year, Puerlo Rican, etc.)  y:	e or No-	14. RACE — Black, WI	American Indian, nite, etc.	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		16a. DECEDENT'S (Give kind of life. Do NOT u	usual occupat work done during n se retired.)	ION lost of working	186. KIND OF BU	JSINESS/IND	USTRY		
BE COM	17. FATHER'S NAME (First, Middle, Last) David Brumbaugh				Anna					
٩	Barbara simons		28 №	lidway A	ve., Laur		0723			
	20a, METHOD OF DISPOSITION  1 \ Burlel 2 \ Cremation 3 \ Ren 4 \ Donation 5 \ Other (Specify)  21. SPARTURE OF FUNERAL SERVICE LI	novel from State	PLACE OF CISPO other place) - Pleas	ant Chu 22. NAME Fle		tery N. HOme In	Wood c.	sbury,		
CERTIFICATION	23. PART I. Enter the diseases, or shock, pr heart failure.  IMMEDIATE CAUSE (Finel disease pr condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE C	200	ot my	Ans mia	est	F.	Approximate Interval Between Onset and Death	
	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part V.  248. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO  1 YES 2 NO  1 YES 2 NO									
BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEXTH  1 Natural 5 Pending 2 Accident Investigation	HOSPITAL: 1   Inpetient 2   EN/Outpetient 2   DOA   4   Mursing Home 5   Residence 6   Other (Specify)  28a. DATE OF BUJURY (Month, Day, Year)   28b. TIME OF   NUTRY AT   28d. DESCRIBE HOW INJURY OCCURED   NUTRY								
COMPLETED										
TO BE CO	286. SIGNATURE AND TITLE OF CERTIFIE		O >	Pearl	D34765		S 2	9/96		
		aurel Park Dr	. Suite		aurel, Ma	ryland 20	0707	)	1 0	
	APK U 2 YU	Julia Davidson-1	andell							

trending physician. s as the bunal-transit permit. Pages 1, 2, 3 should 21203-3146 BALTIMORE, MARYL urs after death. Page 6 may be retain the funeral director, page 5 sh a. examiner must be notif DIVISION OF VITAL RECORDS, P.O. BOX 13146, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 n or THE RINGRAL DIRECTIOR. After this certificate has been signed by the attention physician and completely filled.

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er this certificate has been	ath with the State Dept. of	narked, or item 23 sh
After this certificate has been	death with the State Dept. of	s marked, or item 23 sh
DR: After this certificate has been	ter death with the State Dept. of	8 Is marked, or item 23 sh
CTOR: After this certificate has been	s after death with the State Dept. of	28 Is marked, or item 23 sh
IRECTOR: After this certificate has been	ours after death with the State Dept. of	em 28 Is marked, or item 23 sh
DIRECTOR: After this certificate has been	hours after death with the State Dept. of	item 28 Is marked, or item 23 sh
PAL DIRECTOR: After this certificate has been	72 hours after death with the State Dept. of	: If item 28 Is marked, or item 23 sh
NERAL DIRECTOR: After this certificate has been	hin 72 hours after death with the State Dept. of	NT: If item 28 is marked, or item 23 sh
FUNERAL DIRECTOR: After this certificate has been	within 72 hours after death with the State Dept. of	TANT: If item 28 is marked, or item 23 sh
4E FUNERAL DIRECTOR: After this certificate has been	ed within 72 hours after death with the State Dept. of	DRTANT: If item 28 is marked, or item 23 sh
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the	filed within 72 hours after death with the State Dept. of	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical

	1 - FOR STATE REGISTRAR	STATE OF MARYL		RTMENT OF ICATE OF		MENTA	REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)  ALFRED	Burchel		MILL	S	2. DATE		, 5	YEAR	3. TIME OF OEATH 8:00 PM
	4. SOCIAL SECURITY NUMBER		'In yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. OATE	OF BIRTH		8. BIRTHI	PLACE (State or Foreign
<b>E</b>	9a. FACILITY NAME (If not institution, give str	get and number)						9c. COUN		
CTO	RESIDENCE OF DECEDENT  10e. STATE  10b. COUNTY	. DIIVE TIPE.	ATION		10d. INSIDE CITY					
FUNERAL DIRECTOR	Maryland Prince	Georges;		attsvill	.e					LIMITS?  1) XYES 2 NO
ERAL	100. STREET AND NUMBER 5702 Cypress Cre	ek Drive			01. ZIP CODE 20786			Jama i		HAT COUNTRY?
BY	11. MARITAL STATUS  KX Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEOENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	13. WAS DE	CENDENT OF HISPAN pecify Cuban, Maxica is 2000 Specify	n, Puerto		or No-		— American Indian, , White, etc. y:
BECOMPLETED	15. OECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of life. Do NOT u	work done during no retired.) Painter			KINO OF BUS		STRY	
S NO	Secondary  17. FATHER'S NAME (First, Middle, Last)		rideo	rarricer	18. MOTHER'S NA		utomob Middle, Meiden			
E C	unavailable 190. INFORMANT'S NAME (Type/Print)				Eunice			0	0.41	
٩	Mr. Allan Stephens				and Number or Rural					08
	20a. METHOD OF DISPOSITION 1 St. Burlel 2 Cremetion 3 Remo 4 Donation 5 Other (Specify)	wal from State	o. PLACE OF DISPO other place)		emetery, cremetory or		1	cation — c		un, Stata Indies
	21. SIGNATURE OF FUNERAL SERVICE LICE		nicego ix	22. NAME . 383	AND ADDRESS OF FA	a Ave	enue, N	1. W.	Wa	shington,
	23. PART I. Entar the diseasea, or conshock, or heart failure. LimmeDiATE CAUSE (Final disease or condition resulting in death)	lst only one cause on a	ach lina.	head	oda of dylng, auc	h aa car	diac or reapi	retory arre	est,	Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evants resulting in death) LAST		A CONSEQUENCE O							
PHYSICIAN: MEDICAL C	PART II. Other significant conditions	out not resulting	in tha undariyi	ng cauae given in	Part I.	Part I. 24s. WAS AN AUTOPSY PERFORMED?			WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 XYES 2 NO	
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			PLACE OF DEATH (Ch	eck only o	ne)			
HYSI	1 TYES 2 NO 27. MANNER OF DEATH	1 Inpetient 2 ER/Outs	petient 3 DOA		ome 5 Residence	_	er (Specify)	NJURY DCC	URED	
ВУ РІ	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year) - 3-25-90		JURY Y	YES 2 NO	_				
	3 Suicide a Could not be 4 X Homicide determined	in/fu)	e, farm, street, factory, office 28f. LOCA				Subject shot Location (Street and Number or Rural Route Number, City or Favn, State) D2 Cyprus Creek Drive,			
COMPLETED	TOTAL OTHY	CIAN: To the beat of my know				to the ca	ruse(a) and ma	nner se state	rd.	MD / and manner as stated.
BE	29c. L						29c. LICENSE NUMBER  29d. DATE SIGNED (Month, Day, 1)  3/26/96			
10	Julia C. Goodin			e, Print)	111 Penn	st.	, Balt	imore	e, M	21201
(	APR 0 3 90	32. REGISTRAR'S SIGN	NATURE Son-Randel	2						

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	thr use as the burial-transit permit. Pages 1. 2.	
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rtificate be executed within 24 hours after (### Phys 6 may be must refer to	ig physician and completely filled in by the tweetiene prior to burial, cremation, or removal.	that described acced the medical armines much be
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ME. ON Touter

1203-3146

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after dam. Prov. 6 may be 10 THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the human director, page 5 be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. iMPORTANT: If item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examinar must be made.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	FOR STATE REGISTRAR		STATE OF M	MARYLA					EALTH DEAT		NEN'		GIEN	E		
	1. DECEDENT'S NAME (First,	Middle (S1)		m	C/	R	TO	R	•			ATE OF DON'TH	Z <sup>D</sup>	5-6	75	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 578-62-3883	ER	5. SEX	B. AGE (In	yrs. last bir		IF UNDER	1 YEAR DAYS	IF UNDER HOURS	MIN	JU	TE OF BI forith, Day, LY	Year)	6. BIRTHPLACE (State or Foreign Country)  1901 WASHINGTON, D		try)
H.	9a. FACILITY NAME (If not institution, give street and number) SUBURBAN HOSPITAL					9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH						DEATH UTGOMERY				
5	RESIDENCE OF DECEDENT															
DIRECTOR	10a. STATE 10b. COUNTY MARYLAND MONTGOMERY			MERY	11	og city, SI	LVE		ION SPRI	NG						10d. INSIDE CITY LIMITS? 1 YES 2 NO
A.	10a. STREET AND NUMBER							101	ZIP CODI	E				10g. CIT	IZEN OF	WHAT COUNTRY?
빌	10,000 BRU	JNSWIC	K AVENU	E					209	10					USA	
BY FUNERAL	11. MARITAL STATUS  1 Never Married 2 3 X Widowed 4 Divor		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES	2 X NO	D	1	f yes, sp	ecify Cuba	of HISPAN on, Mexican Specify:	n, Pue			or No	14. RACI Blac Spec	
												Len .			<u> </u>	WHITE
COMPLETED	(Specify only Elementary/Secondary (0-	DENT'S EDUC highest grade		+)		kind of wo NOT use	retired.)	SWIT	cHBO					SINESS/INI		
MP	11				RECE	PTIO	NIS'	Γ/OP		_			ITOL		LL	
	17. FATHER'S NAME (First, Mil THOMAS DO	ddle, Lest) )LAN								HER'S NAI		rst, Middle				
BE	19a. INFORMANT'S NAME (Ty				401.11					GARE'				OBIN		20001
၉	MARY M. STAF		(COUSIN	)												20901 ING, MARYLAND
	20a. METHOD OF DISPOSITION		(0000111	_	PLACE OF						44.7	,				own, Stata
	1 Burial 2 Cremation 4 Donation 5 Other		oval from State		DAR	)		EMET								IARYLAND
	21. SIGNATURE OF FUNERAL	,	EMILE			***	22.	NAME AI	ID ADDRE	SS OF FAC	CILITY					
	James	5/	Dools	>			500	ANCI O UN	S J. IVER	SITY	LII BI	NS F	UNER W.	AL H	OME,	INC. SP., MD 20901
	23. PART I.\Enter the dishock, Dr he		A fee and a way and													Approximata Interval Between
	iMMEDIATE CAUSE (Fin disease or condition reaulting in death)	ei →	. (	OFF	942	w.	an	Hon	v.	7.10	0	10	C	ongo	X16	Onset and Death
	readiting in death)		DUE TO	(OR AS A	CONSEQUE	ENCE OF	:	(	1	/   40			1	1-00	0	
Z	immediate Cause (Fine) disease or condition resulting in death)  a. Coronary Curtery Disease  Due to (or as a consequence or):  Sequentially list conditions,  Due to (or as a consequence or):  Due to (or as a consequence or):  Sequentially list conditions,  Due to (or as a consequence or):										15yrs					
NT I	if any, leading to immed cause. Enter UNDERLYI	liate	DUE TO	(OR AS A	CONSEQUE	ENCE OF)	1									
S	CAUSE (Diseese Dr inju		c. DUE TO	(OR AS A	CONSEQUE	ENCE OF	ı				_					
CERTIFICATION	that initiated events resulting in death) LAS1	r	2													
			d													
MEDICAL	PART II. Other significa	nt condition	e contributing to	death bu	it not resi	uiting ir	the ur	idertyin	g cause	given in	Part	l. 24a	PERFOR	AUTOPSY	24	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
DI C											_	1 [	YES 2	MO		OF DEATH?
																1 YES 2 NO
AN	25. WAS CASE REFERRED TO	) MEDICAL						26. P	ACE OF D	DEATH (Che	eck on	nly one)	-			
Sic	1 YES 2 NO		HOSPITAL:	ER/Outpe	rtient 3 🗆		OTHEI		ie 5 □ R	esidence	s 🗆 :	Other (Sp	ecify)			
PHYSICIAN:	27. MANNER OF DEATH		28a. DATE Of	FINJURY		28b. TIME	OF	28c. IN.	URY AT					NJURY O	CURED	
ВУ Р	1 Natural 5 Pending (Month, Day, Year)					mac	Bb. TIME OF 28c. INJURY AT WORK?  M 1 YES 2 NO									
	2 Accident Investigation 3 Suicide a Could not be determined    28e. PLACE OF INJURY — Al home, farm, street, factory, office   4 Homicide    28f. LOCATION (Street and Number or Rural Route Num City or Town, State)							Route Number,								
COMPLETED	(Chlock Olly		ICIAN: To the best of													(a) and manner as stated.
	29b. WONATHIE AND TIXE			7			, my	,, 1					_ race; all			
BE	Ze (K	Je	nne	2	uas.				Zwc. Life	ENSE NUN	//	15	)	290. DA	3/2	8/90 (Month/Day, Year)
임	30. NAME AND ADDRESS OF	DEDSON WA	ID COMBI EXED CAL	ISE OF DEA	TH STEM 2	TD /Tma	(Desirat)		-	- 1	-				1	

31. DATE FILED (Month, Day, Year) 90 32/ Nec

DHMH-16 Rev 1/89

	1. DECEDENT'S NAME (First, Middle, Last	MEX.VIN I		CATE OF DI	10	2. DATE OF I	EG. NO.	90.	3. TIME OF DEATH
	Melvi	n Ledr.	avd 1	Muel	CV.	Apri	12	20	112
	4. SOCIAL SECURITY NUMBER 372-05-2027	5. SEX 6. AC	GE (In yrs. last birthday) 74 YRS.		UNDER 24 HRS.	7. DATE OF B	y, Year)	Country	PLACE (State or Foreign CHIGAN
)	98. FACILITY NAME (II - not institution cive	24	17	96. CITY, TOWAL OR LO	OCATION OF THE	1404	23,1915		COLUMN
6	1-6×196	NOSS	1080	ed let	100	JOVI	naM	on	rome
RECI	RESIDENCE OF DECEDENT  10a. STATE  10b. COUN	TY	10c. CITY	, TOWN OR LOCATION		/	0		10d. INSIDE CITY LIMITS?
ā		ENAC		STANDISH					1 X YES 2 NO
ERAL	100. STREET AND NUMBER 220 NORTH GRO	OVE ST		10f, ZIP	8658		10g. CIT	U.S.	HAT COUNTRY?
FUNE	11. MARITAL STATUS	12. WAS DECEDENT EVE FORCES? 1 X Y		13. WAS DECENDE	ENT OF HISPA	NIC ORIGIN? (S	pecify Yes or No	14. RACE	- American Indian, White, etc.
BY F	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WAR OF			NO Specif	nn, Puarto Ricar ly:	i, etc.)	Specif	
	15. DECEDENT'S ED (Specify only highest grad	DUCATION	16a. DECEDENT'S U	USUAL OCCUPATION ork done during most of	und elele e	16b. KIN	D OF BUSINESS/IND	USTRY	WHITE
E	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use	retired.)			2521		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		RET.	- MERCHAN		ME (First, Middl)	DEP*T.	STC	ORE
ш	LOUIS	MUELLER				ILLIAN	s, weren conerny	DIET	RICH
TO B	19a. INFORMANT'S NAME (Type/Print)			ADDRESS (Street and N		**	City or Town, State, Zip		
-	EMILINE MUI	BLLER				#10			- 0
3	1 Durial 2 Cremation 3 Re 4 Donation 6 Other (Specify)	moval from Stata	other place)  CHAMBE				RIVERDA		
	21, SIGNATURE OF FUNERAL SERVICE I	DOENSEE /		22. NAME AND A		CILITY	200 1 200 100	وسيد	a all B
					DDITEGO OF TA				2007
	23. PART I. Enter the diseases, or shock, or heart fellure IMMEDIATE CAUSE (Final disease or condition resulting in death)	s. List only one ceuse of	n eech line.	W. W. Cot enter the mode of	HAMBER	S CO.	or reapiratory sri		SPRING, M Approximate interval Between Onset and De
RTIFICATION	shock, or heart fellure IMMEDIATE CAUSE (Final disease or condition	b	ised the deeth. Do not neech line.	W. W. C. ot enter the mode to the control of the co	HAMBER	S CO.	or reapiratory sri		SPRING, M. Approximate Interval Between
MEDICAL CERTIFICATION	shock, or heart fellure IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	B. List only one ceuse of A  B. DUE TO (OR A  C. DUE TO (OR A  d	AS A CONSEQUENCE OF	W. W. C. ot enter the mode to the control of the co	HAMBER of dying, suc	S CO. :	or reapiratory sri	root,	SPRING, M. Approximate Interval Between
MEDICAL	shock, or heart fellure IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other agniticant conditions NONE	B. List only one ceuse of A  B. DUE TO (OR A  C. DUE TO (OR A  d	AS A CONSEQUENCE OF	W. W. C. ot enter the mode of the content of the mode of the content of the conte	HAMBER of dying, suc IS.	Part I. 244	Or respiratory and	root,	SPRING, M. Approximate interval Between Onset and De Onset and De  WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSIOF DEATH?
MEDICAL	shock, or heart fellure IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that inlitated events reaulting in death) LAST  PART II. Other agniticant conditions	B. List only one ceuse of A  B. DUE TO (OR A  C. DUE TO (OR A  d	Ised the deeth. Do not neech line.  CUTF MYOURS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF A C	W. W. C. ot enter the mode of the control of the co	HAMBER of dying, suc IS.	Part I. 24s	I. WAS AN AUTOPSY PERFORMED?	root,	SPRING, M. Approximate interval Between Onset and De Onset and De  WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSIOF DEATH?
MEDICAL	Shock, or heart fellure IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other aignificant condition NONE  25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 \( \square\$ NO 27. MANNER OF DEATH	B. List only one ceuse of A  B. DUE TO (OR A  C. DUE TO (OR A  d	AS A CONSEQUENCE OF  AS A CONSEQUENCE OF  AS A CONSEQUENCE OF  AS A CONSEQUENCE OF  AS A CONSEQUENCE OF  AS A CONSEQUENCE OF  AS A CONSEQUENCE OF	W. W. C. ot enter the mode of the control of the co	HAMBER of dying, suc IS.  Ouse given in  of DEATH (c)  G Residence	Part I. 24a	I. WAS AN AUTOPSY PERFORMED?	24b.	SPRING, M. Approximate interval Between Onset and De Onset and De  WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSIOF DEATH?
BY PHYSICIAN: MEDICAL	shock, or heart fellure IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other agniticant conditions INONE  25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO  27. MANNER OF DEATH 1 Natural 6 Pending investigation	B. List only one ceuse of A  B. DUE TO (OR A  C. DUE TO (OR A  d. DUE TO (	Sed the deeth. Do not neech line.  CUTTE MYOURANT MYOURAN	W. W. C. Ot enter the mode of the control of the co	HAMBER of dying, suc IS.  Ouse given in  of DEATH (c)  G Residence	Part I. 244  Part I. 244  Other (Sc. 28d. DESCRI	A. WAS AN AUTOPSY PERFORMED?  YES 2  PECHY)  BE NOW INJURY OC	24b.	SPRING, M. Approximate interval Between Onset and De Onse
BY PHYSICIAN: MEDICAL	shock, or heart fellure IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other aignificant condition NONE  25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 \( \) NO  27. MANNER OF DEATH  1 Natural 6 \( \) Pending	B. List only one ceuse of A  B. DUE TO (OR A  C. DUE TO (OR A  d. DUE TO (OR A  d. HOSPITAL:  1   Inpattent 2   ER/C  288. DATE OF INJU  288. PLACE OF INJU  288. PLACE OF INJU  288. PLACE OF INJU  288. PLACE OF INJU	Dutpatient 3 200A  RY 28b. Time RY 28b. Time RY 28b. Time RY 28b. Time RY 28b. Time RY 28b. Time RY 28b. Time RY 28b. Time RY 28b. Time RY 28b. Time RY 28b. Time RY 28b. Time RY 28b. Time RY 1000 RY	W. W. C. Ot enter the mode of the control of the co	HAMBER of dying, suc IS a  ouse given in  or DEATH (C) Rasidence	Part I. 24e  1 Check only one)  6 Other (Sc 28d. DESCRI	I. WAS AN AUTOPSY PERFORMED?  YES 2	24b.	SPRING, M. Approximate interval Between Onset and De Onse
BY PHYSICIAN: MEDICAL	shock, or heart fellure IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other aignificant condition  NONE  25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO  27. MANNER OF DEATH 1 Natural 6 Pending 1 Investigation 3 Suicide 6 Could not b 4 Homicide Check only 1 CERTIFYING PHY	B. List only one ceuse of A  B. DUE TO (OR A  C. DUE TO (OR A  d. DUE TO (OR A  d. List only in the ceuse of	Dutpatient 3 200 A  BY 28b. Time  THY CONSEQUENCE OF AS A CONSEQUE	W. W. C. ot enter the mode of the content of the mode of the content of the conte	HAMBER of dying, suc IS a  Duse given in OF DEATH (C) G Rasidence AT 2 NO	Part I. 24s  Description of the Country of Receivers to the cause(e)	I. WAS AN AUTOPSY PERFORMED? YES 2 NO  OCCITY) BE NOW INJURY OC WIN (Street and Number way, State)	24b.  CURED  or Bural B	SPRING, M. Approximate interval Between Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De
COMPLETED BY PHYSICIAN: MEDICAL	shock, or heart fellure IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other aignificant condition  NONE  25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO  27. MANNER OF DEATH 1 Natural 6 Pending 1 Investigation 3 Suicide 6 Could not b 4 Homicide Check only 1 CERTIFYING PHY	B. List only one ceuse of A  B. DUE TO (OR A  DUE TO (OR A  C. DUE TO (OR A  d. DUE TO (OR	Dutpatient 3 200 A  BY 28b. Time  THY CONSEQUENCE OF AS A CONSEQUE	W. W. C. ot enter the mode of the control of the co	HAMBER of dying, suc IS a  Duse given in OF DEATH (C) G Rasidence AT 2 NO	Part I. 244  Part I. 244  1 [  Deck only one)  6 □ Other (Sc  28d. DESCRI  28t. LOCATIC  City or R  a to the cause(s  a time, data and	i. WAS AN AUTOPSY PERFORMED?  YES 2  WO (Street and Number win, State)  a) and manner as state place, and due to the state of the state	24b.  CURED  or Bural B	WERE AUTOPSY FINDIN AMAILABLE PRION TO COMPLETION OF CAUSO OF DEATH?  1 YES 2 NO
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other agniticant conditions in the cause of the	B. List only one ceuse of A  B. DUE TO (OR A  DUE TO (OR A  C. DUE TO (OR A  d. DUE TO (OR	Dutpatient 3 200 A  BY 28b. Time  THY CONSEQUENCE OF AS A CONSEQUE	W. W. C. ot enter the mode of the content of the mode of the content of the conte	HAMBER of dying, suc IS a  OUSE given in  OF DEATH (C)  G Rasidence AT  2 NO	Part I. 244  Part I. 244  1 [  Deck only one)  6 □ Other (Sc  28d. DESCRI  28t. LOCATIC  City or R  a to the cause(s  a time, data and	i. WAS AN AUTOPSY PERFORMED?  YES 2  WO (Street and Number win, State)  a) and manner as state place, and due to the state of the state	24b.  CURED  or Bural B	SPRING, M. Approximate interval Between Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De
COMPLETED BY PHYSICIAN: MEDICAL	Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death)  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 6 Pending Investigation (Check only one)  29a. CERTIFIER (Check only one)  29b. SIGNATURE AND TITLE OF CERTIFIED OF PERSON V	B. List only one ceuse of A  B. DUE TO (OR A  DUE TO (OR A  C. DUE TO (OR A  d. DUE TO (OR A  d. DUE TO (OR A  d. DUE TO (OR A  DUE TO (OR A  DUE TO (OR A  DUE TO (OR A  C. DUE TO (OR A  DUE TO (OR A  DUE TO (OR A  DUE TO (OR A  C. DUE TO (OR A  DUE TO (	Dutpetient 3 DOA  RY  28b. Time  BY  CUTTE MYO  AS A CONSEQUENCE OF  AS	W. W. C. ot enter the mode of the content of the mode of the content of the conte	HAMBER  of dying, suc  IS a  Puse given in  OF DEATH (C)  G Rasidence  AT  2 NO	Part I. 24d  Part I. 24d  Description of the cause(se time, data and MBER 2 7	a. WAS AN AUTOPSY PERFORMED? YES 2 NO  NO (Street and Number war, State)  and manner as state place, and due to the state place, and due to the state place, and due to the state place, and state place, and state place.	24b.  24b.  CURED  OF Rural R  ted.  The cause(s)	WERE AUTOPSY FINDIN AMILABLE PRIOR TO COMPLETION OF CAUSO OF DEATH!  1 YES 2 NO  Noute Number,  and manner as stated (Month, Day, Year)
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death)  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 6 Pending Investigation (Check only one)  29a. CERTIFIER (Check only one)  29b. SIGNATURE AND TITLE OF CERTIFIED OF PERSON V	B. List only one ceuse of A  B. DUE TO (OR A  B. DUE TO (OR A  C. DUE TO (OR A  d. DUE TO (OR A  d. DUE TO (OR A  d. DUE TO (OR A  d. DUE TO (OR A  d. DUE TO (OR A  d. DUE TO (OR A  d. DUE TO (OR A  d. DUE TO (OR A  d. DUE TO (OR A  d. DUE TO (OR A  d. DUE TO (OR A  d. DUE TO (OR A  d. DUE TO (OR A  d. DUE TO (OR A  d. DUE TO (OR A  d. DUE TO (OR A  NORTH OR A  Second Or A  (SICIAN: To the best of my ke  NER: On the basis of axamin	DOUTPETING  OUTPET MYOURS A CONSEQUENCE OF AS	W. W. C. ot enter the mode of the content of the mode of the content of the conte	HAMBER  of dying, suc  IS a  Puse given in  OF DEATH (C)  G Rasidence  AT  2 NO	Part I. 24d  Part I. 24d  Description of the cause(se time, data and MBER 2 7	a. WAS AN AUTOPSY PERFORMED? YES 2 NO  NO (Street and Number war, State)  and manner as state place, and due to the state place, and due to the state place.	24b.  24b.  CURED  OF Rural R  ted.  The cause(s)	WERE AUTOPSY FINDIN AMILABLE PRIOR TO COMPLETION OF CAUSO OF DEATH!  1 YES 2 NO  Noute Number,  and manner as stated (Month, Day, Year)

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DHMH-16 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 13146,  TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the state of the perfect has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	BALTIMORE, MARYLAND	Surs after death. Page 6 may be retained by the hor	ifed in by the funeral director, page 5 should be detact n, or removal.	e medical examiner must be notified at once.
	DIVISION OF VITAL RECORDS, P.O. BOX 13146,	ITHE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Jurs after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept, of Health and Mental Hydiene prior to burial, cremation, or removal.	IPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the

	FOR 1 - STATE REGISTRAR	STATE OF MAR		RTMENT OF H		MENTAL HYGIEN REG. NO.	E	
	1. DECEDENT'S NAME (First, Middle, Last, MICORED	в. М	URTER	USEN		2. DATE OF DEATH MONTH DA	šo 95	3. TIME OF DEATH
1	4. SOCIAL SECURITY NUMBER 098-14-5933	5. SEX 6. A	GE (In yrs. lest birthday)  NO YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) NOV. 11,	Co	RTHPLACE (State or Foreign unitry)  WYORK
	9a. FACILITY NAME (If not institution, give	street and number)			OR LOCATION OF DE	ATH	9c. COUNTY O	F DEATH
	14515 Colonels	Choice Rd.		Upper M	arlboro	]	rince (	George's
Ĺ	10e. STATE 10b. COUN			ry, town on Local				10d. INSIDE CITY LIMITS?
1	Maryland Princ	ce George's	T ob	-	1. ZIP CODE		10g. CITIZEN O	1 ☐ YES 2√√√ NO  DE WHAT COUNTRY?
	14515 Colonels				20772		U.S.A	•
0 10	11. MARITAL STATUS  1 Never Merried AMerried  3 Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 1 1 IF YES, GIVE WAR C	YES 2 XIDO	If yes, sp		IIC ORIGIN? (Specify Yee n, Puerto Ricen, etc.) ::	B S	ACE — American Indian, ilack, White, etc. pocify:
בי	15. DECEDENT'S ED (Specify only highest grad	de completed)	18e. DECEDENT': (Give kind of	S USUAL OCCUPATI f work done during me use retired.)	ON ost of working	16b. KIND OF BUS	INESS/INDUSTR	Υ
֡֝֟֝֟֟֟֟֝֟֟֟֓֓֟	Elementary/Secondary (0-12)	College (1-4 or 5+)		nt admin		hosp:	ital	
200	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maiden	Surname)	
0	George BI  19e. INFORMANT'S NAME (Type/Print)	.aum	19b. MAILIN	IG ADDRESS (Street		Line Roth Route Number, City or Tow	n, State, Zip Code	)
2	Joseph Mortenser	1		e as 10			,, .,	
	20e METHOD OF DISPOSITION 1 Surlel 2 Cremation 3 Re 4 Donation 5 Other (Specify)	moval from State	other place)	etion . C			cation — city o	aryland
	21. SIGNAPORE OF FUNERAL SERVICE I	JICENSEE &	tox)	6633		ander Ferr		
	23. PARL. Enter the diseases, or shock, or heart failure IMMEDIATE CAUSE (Final disease or condition	e. List only one cause of		not enter the mi	oda of dying, auc		iratory arreat,	Approximate Interval Between Onset and Death
	resulting in death)		AS A CONSCOLLENCE					12 yrs
HILLAHON	Sequentially list conditions, if any, laading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	C	AS A CONSEQUENCE	OF):	VO MA			10k yrs
ב ב	resulting in death) LAST	d						
: MEDICAL	PART II. Other eignificant condition	ons contributing to dea		BONE			RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1  YES 2 NO
IAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			LACE OF DEATH (Ch	eck only one)		
PHYSICIAN:	1 TYES 2 NO	1  Inpetient 2 ER		OTHER:		6 Other (Specify)		
	27. MANNER OF DEATH  1 Neturel 5 Pending Investigation	28a. DATE OF INJU (Month, Day, Y	bar) 285. T	NJURY	JURY ÁT ORK? YES 2 NO	28d, DESCRIBE HOW	INJURY OCCURE	
IEU BY	2 Accident investigation 3 Suicide 8 Could not b 4 Homicide determined	28e, PLACE OF IN	rm, street, factory, office  281. LOCATION (Street end Number or Rural Route Number, City or Town, State)					
COMPLEIED	(Crieck Only	YSICIAN: To the best of my NER: On the basis of exami				State of the second		ise(e) and menner as stated.
פבכר	295 SIGNATURE AND TITLE OF OPITIE		M1		29c, LICENSE NUI			INED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON N	WHO COMPLETED CAUSE C	OF DEATH (ITEM 27) (Ty	rpe, Print) AA / f	1 D 28	777	ma 1	50/90
	5506 GREE	N LAND	ING RI	DIVIP	HMEL ER M	AMBOR	OME	D 20772
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	SIGNATURE MONTH PROPERTY					

90 11:02

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1 - FOR STATE REGISTRAR	STATE OF MARYI	AND / DEPAR CERTIF	TMENT OF ICATE OF	HEALTH AND DEATH	MENTAL HYGIEN REG. NO	1E 90	-1/193
1. DECEDENT'S NAME (First, Middle, La	st)				2. DATE OF DEATH	AY YE	3. TIME OF DEATH
Nellie	М.		Martin	1		1990	0 1:30 P
4. SOCIAL SECURITY NUMBER 216-22-7439	5. SEX 6. AGE	(In yrs. lest birthday) 98 YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.	(Adamsh Day Man)	92	BIRTHPLACE (State or Foreign Country)  MD
9a. FACILITY NAME (If not institution, gh	re street and number)		9b. CITY, TOWN	OR LOCATION OF	DEATH	9c. COUNTY	OF DEATH
Lions Ma	nor Nursing	Home	Cur	nberlan	d	A11	egany
Lions Ma RESIDENCE OF DECEDENT 10e. STATE MD 10b. COU		10c. C/1	y, town or loc Cun	ation nberlan	đ		10d. INSIDE CITY LIMITS? 1 X YES 2 NO
100. STREET AND NUMBER 216 Sarato	ga Street		1	01. ZIP CODE 215	02	10g. CITIZEN	OF WHAT COUNTRY? USA
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	2 NO	II yes, s		PANIC ORIGIN? (Specify Yelcan, Puerto Rican, etc.)	e or No- 14.	RACE — American Indian, Black, White, atc. Specify: White
15. DECEDENT'S E (Specify only highest gr	DUCATION ada completed	16a. DECEDENT'S	USUAL OCCUPAT	TION	16b. KIND OF BU	ISINESS/INDUST	
Elementary/Secondary (0-12)	College (1-4 or 5+)	Iffe. Do NOT u	se retired.)	nost or working			
12		hous	ewife		own	home	
Elementary/Secondary (0-12)  1.2  17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S	NAME (First, Middle, Malder		
19e. INFORMANT'S NAME (Type/Print)	mes Morgan		4000000		Ellen Te		
Alice D. m	autin		25.000.000		The second secon		21302
20e. METHOD OF DISPOSITION		b. PLACE OF DISPO			reet, Cum	Derla	
1 Dt Buriel 2 Cremation 3 R 4 Donation 5 Other (Specify)	emoval from State	other place)		ıl Ceme	1 3 3 3 3		erland, MD
21. SIGNATURE OF FUNERAL SERVICE	Scarpell		22. MAME.	rpers19	faruneral d, MD 215	Home	
23. PART VEnter the diseases, shock, or heert failu IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. Vout		4 5	ode of dying, e	1	lanta	Approximate interval Between Onset and Deat
Sequentielly list conditions, if ery, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE O		ery	<u>Cliseas</u>	2	
PART II, Other significent conditions of the significent conditions of the significent conditions of the significent conditions of the significant condition	lone contributing to death leeding.	SP.	In the underly!	A Chuir	In Part I. 24a. WAS AI PERFO	RMED?	24b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL				PLACE OF DEATH	(Check only one)		
1 □ YES 2 💢 NO	HOSPITAL: 1   Inpetient 2   ER/Ou	tpatient 3 DOA	OTHER:	ome 5 🗆 Resident	ce 6 Cother (Specify)		
27. MANNER OF DEATH  1 Naturel 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)		JURY V	NJURY AT WORK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCUR	ED
3 Suicide 6 Could not	28e. PLACE OF INJUR	Y — At home, farm, ecity)	street, factory, of	Hen	261. LOCATION (Street City or Town, State		Rural Route Number,
e one)	IYSICIAN: To the best of my kno						ause(e) and manner as stated.
29b. SIGNATURE AND MITLE OF CERTI				29c, LICENSE I			GNED (Month, Day, Year)

ON WHO COMPLETEO CAUSE OF DEATH (ITEM 27) (Type, Print)

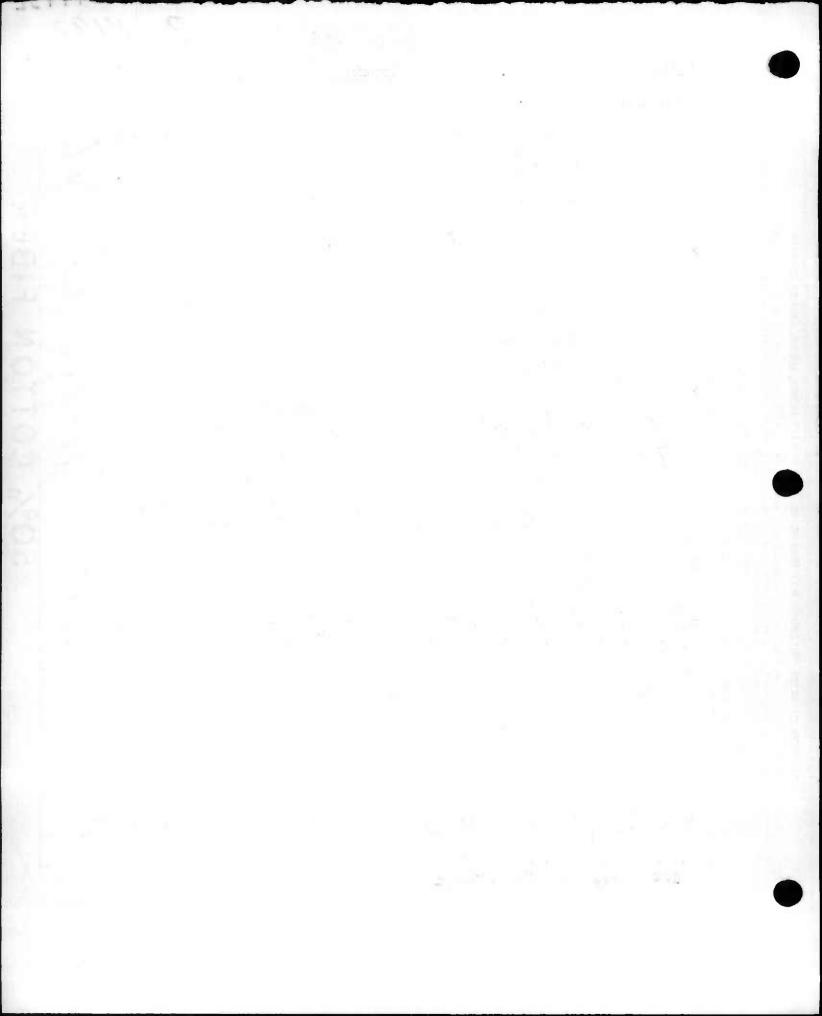
32. PIGISTRAR'S SIGNATURE

Ranjithan, M.D. LMNH Seton Drive, Cumberland, MD 21502

D19750

DHMH-16 Rev 1/89

Approximate interval Between **Onset and Death** 



1	DIVISION OF VITAL RECORDS, P.O. BOX 13146,	6, BALTIMORE, MARYLAND
11	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with wours after death. Page 6 may be retained by the hospital control of the control of the second of	with nours after death. Page 6 may be retained by the hos
10	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ppletely filled in by the funeral director, page 5 should be detach cremation, or removal.
	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	rent, the medical examiner must be notified at once.

	REGISTRAR -		CERTIFIC	ATE OF	DEATH	RI	EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	Charles P	. Mascha	uer, J	ŗ.	2. DATE OF D	BEATN DAY	90/	130A.M	
1	4. SOCIAL SECURITY NUMBER 5. SEX 5. SEX 1 M 2	DF 77	YRS. MO	UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIH.	7. DATE OF B (Month, Day 5-01	. Year)	8. BIRTHPL Country) Mary	ACE (State or Foreign land	
TOR	98. FACILITY NAME (If not institution, give street and num  HOLY CHOSS ITO  PLISIDENCE OF DECEDENT		- /	Len Rd.	Silve	Spri	9c.	monty	ony	
DIRECTOR	Maryland Prince Geo	rge's		OWN OR LOCAT			<i>y</i>		Dd. INSIOE CITY LIMITS?  X YES 2 NO	
FUNERAL	100. STREET AND NUMBER 11500 Cedar Lane			101	20705			nited S		
B	1 Name Married 2 N Married FORCE	ECEDENT EVER IN U.S S? 1 VES 2 GIVE WAR OR DATES 45-47	NO	If yes, sp	ENDENT OF HISPAN ecify Cuban, Maxica 2 X NO Specify	n, Puerto Rican		Black, \ Specify:	American Indian, White, atc.	
LETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1	-4 or 5+)	Give kind of work	done during mo tired.)	ON st of working		D OF BUSINES			
COMPL	17. FATHER'S NAME (First, Middle, Last)		Glaize	er	18. MOTHER'S NA		onstru			
	Charles P. Maschauer,	Sr.			Barbara			mej		
O BE	19a. INFORMANT'S NAME (Type/Print)	DI.	19b. MAILING AD	DRESS (Street a	and Number or Rural F			te, Zip Code)		
ĭ	Sylvia L. Maschauer		11500 (	Cedar I	Lane Belt	sville	Md.	20705		
	20a. METHOO OF DISPOSITION 1XX Burlal 2 Cremation 3 Removal from S	tata 20b. PL	ACE OF DISPOSITION PROPERTY (CAREE)	ON (Name of cer	metery, crematory or		20c. LOCATIO	N — City or Town	n, Stata	
	4 Donation 5 Other (Specify)	Man	ryland Vo		Cemeter		Chelt	enham M	laryland	
	Pohen E. E	Caro	Pras	Beal	l1-Evans	Funera			and 20715	
LIFICATION	23. PART i. Enter the diseases, or complications that caused the death. Do not antar the mode of dying, such as cardiac or respiratory streat, shock, or heart failure. List only one cause on sech line.    Approximate interval Between Onset and Death									
N: MEDICAL CERTIFI	PART II. Other significant conditions contribu	ting to deeth but i	-/ (	. 11	g cause given in	4	. WAS AN AUTO PERFORMED? VES 2 N	0 0	VERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  YES 2 PNO	
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	AL:	0	26. PI	LACE OF OEATN (Ch	eck only one)				
BY PHYSICIAN:	27. MANNER OF DEATN 28a. 1 Netural 5 Pending	OATE OF INJURY Month, Day, Year)		F 28c. IN.	Ne 5 Residence NURY AT ORK? YES 2 NO	_	ec/fy) BE NOW INJUR	Y OCCUREO		
	3 Suicide a Daniel 28e. I	2 Accident  3 Suicide 6 Could not be  28e. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify)  City or Town, State)								
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the one) 2 MEDICAL EXAMINER: On the but								and manner as stated.	
O BE	29b. SIGNATURE AND TITLE OF CERTIFIER  Marin L. Lal	lsin,	~>.		29c. LICENSE NUM	MBER	29d	DATE SIGNED/IA	Month, Day, Year)	
	MARVIN L. KOLK	ED CAUSE OF DEATH	2/21		cal Pear	k Dre	ir, S.	S, mx	20902	
	31. DATE FILED (Month, Day, Year)  APR 06 90  July	ia Davidson	Pandell				,			

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DHMH-16 Rev 1/89

DHMN-16 Rev 1/89

Page 6 may be retained by the hospital or attending physician. director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should IMORE, MARYLAND 21203-3146

31. DATE FILED (Month, Day, Year)
APR 1 1 '90

32. REGISTRAR'S BIGNATURE

-Randall

REGISTRAR		CEF					RE	OIT ITO			
1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF DI	EATH DAY	,	YEAR	3. TIME OF DEATH
Rita Ann Mastin						A	April 9				М
4. SOCIAL SECURITY NUMBER		6. AGE (In yrs. last b		UNDER 1 YEAR	IF UNDER	24 HRS.	7. DATE OF BI	RTH		8. BIRTI	HPLACE (State or Foreign
578-12-0801	1 M 2 F	70	YRS.	NTHS DAYS	HOURS	MIN.	Augus i	27	, 19	19 W	ashington Do
Se. FACILITY NAME (If not institution, give	atreet and number)		91	L CITY, TOWN	OR LOCATIO	ON OF DEA	ITN			NTY OF C	
7505 Mandan Road				Greent	elt				Pri	nce	George's
RESIDENCE OF DECEDENT											
10a. STATE 10b. COUN	TY		10c. CITY, T	OWN OR LOCA	TION						10d. INSIDE CITY LIMITS?
Maryland Prince	ce George'	s	Gree	enbelt							1 YES 2 NO
RESIDENCE OF DECEDENT  10a. STATE  10b. COUNT  Maryland  10a. STREET AND NUMBER  7505 Mandan Road  11. MARITAL STATUS	101. ZIP CODE								WHAT COUNTRY?		
7505 Mandan Road		20770			770	U.S.A.			.A.		
11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. ARME					C ORIGIN? (Sp		or No—	14. RAC	E — American Indian, ck, White, atc.
	IF YES, GIVE WA				24 NO		, Puerto Rican,	anc.)		Spec	T 71 * .
3 Wildowed 4 Divorced  15. DECEDENT'S ED  (Specify only highest grav											
15. DECEDENT'S ED (Specify only highest grad	UCATION fe completed)	16e. DECE (G/ve	EDENT'S US	VAL OCCUPATI k done during m stired.)	ON ost of workin	g	16b. KINE	OF BUSI	INESS/IN	DUSTRY	
12th Grade	College (1-4 or 5+)										
12th Grade	None	Exec	utive	Secre	tary		U.S.	Nat	tion.	al P	ark Service
Elementary/8-scondary (0-12)  12th Grade  17. FATHER'S NAME (First, Middle, Last)  Locard I Matthor							E (First, Middle,		Surname)		
	78				Ne]	llie	G. Hul	ın			
19s. INFORMANT'S NAME (To Print)				ODRESS (Street							
Edward S. Mastin	(Husband)	75	05 Ma	ından R	oad,	#104	Gree	enbel	lt, I	Md.	20770
20er METHOD OF DISPOSITION 1 D Burlet 2 Germetion 3 Res	er anna e e e e e e e e e e e e e e e	20b PLACE OF	F DISPOSITI	ON (Name of ce	metery, crem	natory or		20c. LOC	ATION —	City or To	fown, State
1 & Buriel 2 Committee 3 Res	model troyel State	Mt. OI	ivet	Cemete	rv			Wash	nino	ton.	D.C.
21. SIGNATURE OF THERAL BERVICE	KENSIJE /	/				SS OF FAC	ILITY			5011,	5.0.
1611	+171	M		Franc	is Ga	asch'	s Sons	Fur	nera.	1 Ho	me, P.A.
- Jugar	1 out	1									, Md. 20781
23. PART L Enter the diseases, Di abook, Dr heart fallure	complications that	coursed the deal									
	. List only one caus	a Dn aach lina.	th. Do not	anter tha m	oda of dyl	ng, such	as cardiac i	or reapir	ratory ar	reat,	Approximata
IMMEDIATE CAUSE (Final	. List only one caus	e Dn aach line.	th. Do not	anter tha m	oda of dyl	ng, such	aa cardiac i	or reapir	ratory ar	reat,	Interval Batween Onset and Death
disease or condition	List only one caus	to My	th. Do not	anter tha m	and of dyl	ng, such	lem	or reapir	ratory ar	reat,	Interval Batween
IMMEDIATE GAUSE (Final disease or condition resulting in/death)	acu	e Dn aach line.	poln	anter tha m	and a of dyl	ng, such	len	or reapir	ratory ar	reat,	Interval Batween Onset and Death
disease or condition resulting in/death)	acu	OR AS A CONSEQU	poln	deel	Information	ng, such	Lem	or reapir	ratory ar	reat,	Interval Batween Onset and Death
disease or condition resulting in/death)	Coup to A	OR AS A CONSEQU	HENCE OFF	deel	Information of dyl	ng, such	lea cardiac i	or reapir	ratory ar	reat,	Interval Batween Onset and Death
disease or condition resulting in/death)	Coup to A	DO BECH INE.	HENCE OFF	deel	Info	ng, such	Lem	or reapir	ratory ar	reat,	Interval Batween Onset and Death
disease or condition resulting in/death)	DUE TO (	DO BECH INE.	ENCE OF):	deel	In a	ng, such	se cardiac i	or reapir	ratory ar	rest,	Interval Batween Onset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (	OR AS A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQU	ENCE OF):	deel	In Such	ng, such	Lem	or reapir	ratory ar	reat,	Interval Batween Onset and Death
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Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (d	OR AS A CONSEQU	JENCE OF): JENCE OF):	ded y la	Inf	nes	Part I. 24a.	WAS AN	AUTOPSY MED?		Interval Batween Onset and Death  I VIC
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Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions.	b. DUE TO (d	OR AS A CONSEQU	JENCE OF): JENCE OF):	ded y la	Inf	nes	Part I. 24a.	WAS AN / PERFORI	AUTOPSY MED?		Interval Batween Onset and Death  I VR  IO YEARS  D. WERE AUTOPSY FINDINGS ANALIABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions in the condition	DUE TO (c.  DUE TO	OR AS A CONSEQUENCE OF AS	JENCE OF):  JENCE OF):  JENCE OF):  Sulting in  DOA 4  28b. TIME (INJUR	the underlyle  26. F  OTHER: Nursing Ho  OF  Y  M  1   Det, factory, offi	PLACE OF D Republic Place of DRK? YES 2 Cee	given in F	Part I. 24a.  1 C  ck only one)  5 Other (Sporate City or Tox	WAS AN / PERFORI	AUTOPSY MED? A NO	24 CCUREO or or Rural	Interval Batween Onset and Death  I VR  IO YOUNG  AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions are sufficiently listed events.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF CEATN  1 Netural 6 Pending Investigation and investigation are sufficiently listed events. Could not be determined.	DUE TO (c.  DUE TO	OR AS A CONSEQUENT OF AS A CONSE	JENCE OF):  JENCE OF):  JENCE OF):  Sulting in  DOA 4  28b. TIME 6  INJUR	the underlyle  26. F  OTHER:  Nursing Ho  Nursing Ho  Nursing Ho  oet, factory, offi	PLACE OF D  TORKY  YES 2  Tork	given in F	Part I. 24a.  1 C  ck only one)  5 Other (Spo 28d. DESCRIE  281. LOCATION City or 70	WAS AN A PERFORM  YES 2  Pocify)  E NOW IN  N (Street a vm., State)	AUTOPSY MED?  NO  NJURY OC	24i	Interval Batween Onset and Death  I PR  IO YCENS  IO YCE
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permit. Pages 1, 2, 3

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DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or at	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	the modern as item 22 shows any latter to other frammelic event the medical aversion much be notified at once
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90 11196 FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REGISTRAR 1 DECEDENT'S NAME /Elect Aligida I set 2. DATE OF DEATH Margaret Bowling
Social Security NUMBER Marth 6. BIRTHPLACE (State or Foreign 5. SEX 6. AGE (In vrs. lest birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH MONTHS DAYS HOURS 1 M 2 F VRS 577-01-0890 82 04/05/08 Bryantown, 9a. FACILITY NAME (If not institution give street and number 9b. CITY TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Alden Elder Care Columbia Howard RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 1 €S 2 NO Maryland Howard Laurel 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 100. STREET AND MIMBER 10f. ZIP CODE 8725 Susini Drive 20723 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 XNO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14, RACE — American Indian, Black, Whita, etc. If yes, specify Cuban, Maxican, Puerto Ri 1 YES 2X NO Specify: 1 Never Married 2 Married Specify: BY 3 🔀 Widowed 4 🗌 Divorced White COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only higher Elementary/Secondary (0-12) College (1-4 or 5+) 12 Housewife Own Home 17. FATHER'S NAME (First, Middle, Last) 18, MOTHER'S NAME (First, Middle, Malden Surname) Harry Richard Bowling Margaret Sophia McPherson 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zio Code) 2 James Marth Susini Drive, Laurel, Maryland 20723 METHOD OF DISPOSITIO Stit. PLACE of DISTION (Name of cemetery, crematory or 20c. LOCATION -- City or Town, State 20a. METHOD OF DISPOSITION 3 L 1 N Burial 2 Cremation 3 L 4 Donation 5 Grant (Special) 11vet Cemetery Washington, DC 22. NAME AND ADDRESS OF FACILITY Francis Gasch's Sons Funeral Home, PA 4739 Baltimore Ave., Hyattsville. 20781 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or reapiratory arrest, shock or heart failure. List only one cause on each line. Approximate Interval Between ASPIRATION PHEUMONIA Onset and Death IMMEDIATE CAUSE (Final disease or condition resulting in death) CERTIFICATION Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease Dr Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO MEDICAL COMPLETION OF CAUSE 1 YES 2 NO 1 TYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? OTHER: Somer (Specify) SHELTERED 1 | Inpetient 2 | ER/Outpetient 3 | DOA g Home 6 🗆 Rasidence 4 - Nurs 28c. INJURY AT WORK? 27. MANNER OF DEATH 26a. DATE OF INJURY 26b. TIME OF INJURY 28d. DESCRIBE HOW INJURY OCCURED 6 Pending 1 YES 2 NO BY Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 26f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be determined ETED. 4 Homicide

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as atsted. 2 MEDICAL EXAMINER: On the b

29b. SIGNATURE AND THE 29d. DATE SIGNED (Morph, Day, Year)

D 31. DATE FILED (Month, Day, Jos Truidson-Randall

29a. CERTIFIER

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TOWN THE RESIDENCE

FOR STATE REGISTRAR

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	1. DECEDENT'S NAME (First, Middle, Last)  2. DATE OF DEATH WONTH									
	Elsie C.	Munro				ril 2,	1990	8:30 A M		
	4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In	yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24	(1.4-	Office the Control of the sale		8. BIRTHPLACE (State or Foreign		
	577-28-2374 1□M2 TF 8	5 YAS.	MONTHS DAYS	HOURS	URS MIN. (Month, Day, Year) 12-26-1904			Minnesota		
	9a. FACILITY NAME (If not institution, give street and number)		9b. CITY, TOWN C	R LOCATION			COUNTY OF D			
Ofo	12309 Firth of Tae Drive		Fort	Washi	ington		Prince	Georges		
E C	10a. STATE 10b. COUNTY	10c. CITY	10c. CITY, YOWN OR LOCATION				10d. INSIDE CITY			
DIRE	Maryland Prince Georges		Fort Was	shinet	on			LIMITS?		
A	10e. STREET AND NUMBER	101. ZIP CODE				10	g. CITIZEN OF V	VHAT COUNTRY?		
FUNERAL	12309 Firth of Tae Drive	20744			<b>.</b>	12	J	JSA		
1 2	11. MARITAL STATUS  1 Never Married 2 Married FORCES? 1 YES				HISPANIC ORIG	ilN? (Specify Yes or Po Ricen, etc.)	No 14. RACE Black	— American Indian, c, White, atc.		
≧	3 XWidowed 4 Divorced IF YES, GIVE WAR OR DAT	TES 1 ☐ YES 2XXNO Specify			Specify:		White			
Ü	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S	USUAL OCCUPATION TO THE PROPERTY OF THE PROPER	16	16b. KIND OF BUSINESS/INDUSTRY					
ETE	Elementary/Secondary (0-12) College (1-4 or 5+)	Ilia. Do NOT us	e retired.)							
once.	3	Stat	isticia			Federal		nent		
at once	17. FATHER'S NAME (First, Middle, Last)					, Middle, Malden Surn	iame)			
	William H. Cooley  19a. INFORMANT'S NAME (Type/Print)				nelia H					
TO B	Jean M. Zachary					mber, City or Town, St		MJ 2077/		
2		PLACE OF DISPOS					t. Washington, Md. 20744			
medical examiner must		other place)			Alexandria, Va.					
in in	21. SIGNATURE OF UNERAL SERVICE LICENSEE	ric Er opor	Metropolitan Crematory Alexandria 22. NAME AND ADDRESS OF FACILITY					1, 44,		
жаш	I Mut & Inles		George P. Kalas Funeral Home							
100	23. PART I. Enter the diseases, or complications that caused	the death. Do n						Id 20745 Approximata		
the	IMMEDIATE CAUSE (Final	ahock, or heart fellure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition AFTENIUS CLIONITIC AND								
other traumatic event,		CONSEQUENCE OF	): ~ _		1/6	0000	· Dio			
alle N	Sequentially list conditions.  DUE TO (OR AS A CONSEQUENCE OF):  HPENTENSIVE OR DI VASCUENCE DISERSE  DUE TO (OR AS A CONSEQUENCE OF):  HPENTENSIVE OR DI VASCUENCE DISERSE  DUE TO (OR AS A CONSEQUENCE OF):									
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ws any inju	PERFORMED?  AVAILABLE PRIOR TO COMPLETION OF CAUSE									
OWS 2		1   YES 2   NO OF DEATH?								
350										
ed, or item 23 s	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  ACCEPTABLE OF DEATH (Check only one)									
or it	1 YES 2 XNO HOSPITAL: 1 Inpatient 2 ER/Output	ntlant 3 🗆 DOA	OTHER: 4 Nursing Hon	o 5XXResi	dence 8 🗆 Oti	her (Specify)				
is marked, or	27. MANNER OF DEATH  1 Netural 5 Pending  28a. DATE OF INJURY (Month, Day, Year)	28b. TIMI INJ	URY WO	C. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED WORK?						
mari BY	2 Accident Investigation		M 1 YES 2 NO							
00 LL	3 Suicide 8 Could not be determined 28e. PLACE OF INJURY building, etc. (Special Countries)	— At home, farm, a fy)	street, factory, offic	•		261. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
Item 2										
2 = 5	29a. CERTIFIER  (Check only one)  1 ***CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated.  2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.									
IMPORTANT:	29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year)									
M M M	Home & Lee		-7.0	11	) /	m.	Apri	1 2, 1990		
7/	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEA			Ca	l An ar	MJ 2072	5			
/	Danilo G. Lee M.D. 770  31. DATE FILED (Month, Day, Year)  32. REGISTRAR'S SIGNA	OUTO BLS	inch Ave	. CI	inton,	Md. 2073	)			
	APR 04 '90 filia Davidson	2.00								
	HER V TO U									

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

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RECORDS,	
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OF	
DIVISION	

	ermit. Pages 1, 2, 3 should	(
ours after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the State Derr of Health and Mental Hodiene prior to burial, cremation, or removal.	nedical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fine within 72 hours after death with the State Dent of Health and Mental Mollece prior to build. Cremation, or removal.	IMPORTANT: If Item 28 Is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1 _ ST	OR TATE EGISTRAR	STATE OF MARYLA		ENT OF HEALTH		L HYGIENE REG. NO.		
	EDENT'S NAME (First, Middle, Lest)  PATS	mA.	THE W	5.	2. DATE MONT		YEAR 9 D	3. TIME OF DEATH
4. SOCI	9-68-6565	1 - M 2 XF 10	YRS. MOI	UNDER 1 YEAR IF UNDER ITHS DAYS HOURS	MIN. 9-	6-1885	Ala	bama
RESI	CELITY NAME (If not institution, give str TESI DENTIAL PENCE OF DECEDENT	Woods	96	tdelphi	MD.	90.	O.G.	ATH
RESU	D. P.G	•	10c. CITY, TO	OWN OR LOCATION				10d. INSIDE CITY LIMITS? 1 YES 2 NO
18	00 Metze	101110		201	183	U	ited of	States
W X E	RITAL STATUS lever Married 2  Married Vidowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	13. WAS DECENDENT OF IT yes, specify Cube 1 PES 2 NO	n, Mexican, Puerto		14. RACE Black,	- American Indian, White, atc.
Elen	15. DECEDENT'S EDUC, (Specify only highest grade of mentary/Secondary (0-12)	ATION completed) College (1-4 or 5+)	18e. DECEDENT'S USU (Give kind of work life. Do NOT use re	done during most of worldr ired.)	161	b. KIND OF BUSINESS	S/INDUSTRY	
T	HER'S NAME (First Middle, Last)	<u> </u>	rarm 0	Uorker 18. MOTH	HER'S NAME (First	Middle, Maiden Surnau Per Kins	ne)	
	FORMANT'S NAME (Type/Print)		19b. MAILING AD	Ruston	Ave. C	nber, City or Town, Stat	e, Zip Code) MY ZO	14.3
1 7 Bu	ETHOD OF DISPOSITION urtal 2 Cremation 3 Remo		PLACE OF DISPOSITION OF PLACE OF PLACE OF DISPOSITION OF PLACE OF PLACE OF DISPOSITION OF PLACE OF PLACE OF DISPOSITION OF PLACE OF DISPOSITION OF PLACE OF PLACE OF DISPOSITION OF PLACE OF	Cemeter	V	Suite	N — City or Tow	rn, State
21. 910	HATURE OF FUNERAL SERVICE LICE	lwards	)	HOUSES 5	SS OF FACILITY  FELWA  N. Ave.	Satta	d Mo	<i>(</i> .
iMMEI diseas	ABJ I. Enter the diseases, or co shock, or heart failure. L DIATE CAUSE (Final ase or condition	ist only one cause on each	tha death. Do not ach line.					Approximate interval Between Onset and Death
	entially list conditions,	CNF	CONSEQUENCE OF):					tago
if any, cause CAUS	entially list conditions, y, leeding to immediate e. Enter UNDERLYING SE (Disease or injury nitiated events	ASW	CONSEQUENCE OF):					1920
	ting in desth) LAST	CVA						(199)
<	II. Other eignificant conditions	contributing to death b	ut not reaulting in t	he underlying cause	given in Part I.	24e. WAS AN AUTO PERFORMED? 1 YES 2	6	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
D EX	S CASE REFERRED TO MEDICAL  LAMINER?  YES 2 NO	HOSPITAL:	order 2 Door	THER:	DEATH (Check only o			
1 12	Net OF DEATH Natural 5 Pending	280. DATE OF INJURY (Month, j.Diy, Year)	28b, TIME O	WORK?		er (Specify) ESCRIBE HOW INJUR	OCCURED	
	Accident investigation  Suicide 6 Could not be determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, stree	t, factory, office		CATION (Street and No y or Town, State)	imber or Rural Ri	oute Number,
	al all	CIAN: To the best of my knowl R: On the basic of examination						end manner as stated.
296. 51	CONSTRUCTION OF CERTIFIER BROWN	MA		D	ENSE NUMBER	9 290	DATE SIGNED	(Month, Day, Year)
6	o Brutrick 3	TIMO 9	1221 (0	lesville	Ld	SSIN	nd 2	0910
APR	05 '90 J							DHMH-16 Rev 1/89
30. NAM	MEDICAL EXAMINER  IGNATURE AND TITLE OF CERTIFIER  ME AND ADDRESS OF PERSON WHO  DEFILED (Month, Day, Year)	O COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Pri	a my opinion, death occu	red at the time, dat	te and place, end due	to the cause(e)  DATE SIGNED  3 [3]	(Mprith, Day, LAD DAK

3. TIME OF DEATH A

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2. DATE OF DEATH MONT

* attending physician.	use as the burial-transit permit. Pages 1, 2, 3 should		
6 may be retained by	director, page 5 shond re-	7	nust be notified at or ber
hin 2x nours after death. Page 6 may be ref	sician and completely filled in by the funeral direc	mation, or removal.	, or item 23 shows any Injury, or other traumatic event, the medical examiner must be
eath certificate be executed with	attending physician and comple	ital Hygiene prior to burial, crei	y, or other traumatic even
CIAN: The law requires that the death certificate	ficate has been signed by the	State Dept. of Health and Men	item 23 shows any Injury
OSPITAL OR ATTENDING PHYSICIA	FUNERAL DIRECTOR: After this certi	within 72 hours after death with the S	IANT: If item 28 is marked, or

BALTIMORE, MARYI AND 24203

DIVISION OF VITAL RECORDS, P.O.

4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 12/24/20 DAYS HOURS 225-56-6202 1 M 2 F 69 YRS Virginia 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH HARFORD GENERAL FALLSTON DIRECTOR RESIDENCE OF DECEDENT 10d. INSIDE CITY LIMITS? 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION Maryland Harford 1 X YES 2 NO Edgewood FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1930-E Edgewater Drive 21040 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 22XNO Specify: 1 Never Married 2 Married BY 3 Wildowed 4 Divorced White BE COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done during most of working life. Do NOT use retired.) (Specify only highest grade or Elementary/Secondary (0-12) College (1-4 or 8+) 0 Waitress Restaurant 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Ben Sparks Martha B. Osborne 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Yown, State, Zip Code) William Thomas Mullins 914 Prospect Mill Road Bel Air, Md. 21014 20a. METHOD OF OISPOSITION
1 M Burtel 2 Cremation 3 Rei
4 Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION -- City or Town, State Air Memorial Gardens BeI Bel Air, Maryland 21. SIGNATURE OF DATE SERVICE LICENSEE 22, NAME AND ADDRESS OF FACILITY
Tarring-Cargo Funeral Home, P.A. Aberdeen, Maryland 21001-3399 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiretory errest, **Approximate** shock, or heart fellure. List only one cause on each line. interval Between et and Death IMMEDIATE CAUSE (Final disesse or condition resulting in death) CERTIFICATION Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the MEDICAL 24a, WAS AN AUTOPSY 24b. WERF AUTOPSY FINDINGS PERFORMED? MAILABLE PRIOR TO 1 YES 2 1 TES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? EXAMINER? OTHER: etlent 2 - ER/Outpetlent 3 - DOA 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED Natural 2 Accident 5 Pending investigation м 1 YES 2 NO BY 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be COMPLETED 4 Homicide 1 CERTIFYINO PHYSICIAN: To the bast of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 29a, CERTIFIER FUNERAL WITHIN 72 2 MEDICAL EXAMINER: On the b ation, in my opinion, death occured at the time, data and place, and dua to the cause(a) and manner as stated. TO THE HOSPIT TO THE FUNERA be filed within 7 AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 2 OEATH (ITEM 27) 02'90 ulia Davidson-Randale DHMH-18 Rev 1/89

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within zw nours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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31. DATE FILED (Month, Day, Year)

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	FOR	STATE OF MA	ADVI AND	/ DEDAG	TRACK!	T NE U	IEAITU	AND S	MENTAL HYGI	EME	<i>y</i> 0		
	1 - STATE REGISTRAR	SIAIL OF IM		ERTIF					REG.				
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF DEATH			3. TIME OF OEATH	
	JAMES	DAVIS			M	ILS	FEAD	Sr	. APRIL	°02 1	9"50	11;20P M	
	4. SOCIAL SECURITY NUMBER	5. SEX (	S. AGE (In yrs. i	last birthday)	IF UNDER	R 1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH		8. BIRTH	PLACE (State or Foreign	
	215-26-3639	1 M 2 - F	62	YRS.	MONTHS	DAYS	HOURS	MIN.	11-23-3		Mar	yland	
	9e. FACILITY NAME (if not institution, give s.	treet and number)	02		9b. CITY	r, TOWN C	OR LOCATIO	N OF DE					
H	PHYSICIANS M	EMORTAL.	HOSPI	TAT.	T.	A PI	LATA			СН	ARLE	S	
25	RESIDENCE OF DECEDENT		11001										
DIRECTOR	10a. STATE 10b. COUNTY			10c. CI1	Y, TOWN	OR LOCAT	TION					10d. INSIDE CITY LIMITS?	
	Maryland Char	les		Poi	ct T	oba	cco					1 NES 2 NO	
Too. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHA									HAT COUNTRY?				
FUNERAL	Box 1166 Poor	House Ro	oad					20	677		U. S	S. A.	
S.	11. MARITAL STATUS	12. WAS DECEDENT FORCES? 1		ARMED YNO					IC ORIGIN? (Specify n, Puerto Ricen, atc.			- American Indian, White, atc.	
BY F	1 Never Merried 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WA				1 YES	2 X NO	Specify			Specifi	y:	
												White	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade		16a. I	DECEDENT'S (Give kind of Me. Do NOT u	work done	during mo	DN est of workin	g	16b. KIND OF	BUSINESS/INI	DUSTRY		
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M			E.	lecti	rici	an			U.S.		rnme	ent	
	17. FATNER'S NAME (First, Middle, Last)	Tabaad							ME (First, Middle, Me	den Sumame)			
BE	Francis E. Mi	Istead							Davis				
0	19a. INFORMANT'S NAME (Type/Print)	1							Route Number, City or				
	Mary M. Milste	ad			-				e Rd.,P				
	29r. METHOD OF DISPOSITION 1-1 Burial 2 Cremellon 3 Rem	oval from Stala	other	place)						LOCATION —			
	4 Donellon 8 Other (Specify)		Chi	camuz					etery C	hican	nuxei	n, Ma.	
	21. SIGNATURE OF FUNERAL SERVICE LIC	O O	2		n A	reh		Fun	eral Ho		Inc.		
	pichoe	PO.K	200	1					aryland				
	23. PART i. Enter the diseases, or enough the places of th	complications that	coused the	deeth. Do	not enter	r the mo	de of dyl	ng, suc	h se cardisc or re	epiratory sr	reat,	Approximets Interval Between	
	IMMEDIATE CAUSE (Final		/ )			,						Onset and Death	
	disesse or condition resulting in death)	. Ou	rdiac	ar	res	1							
		DUE TO (C	OR AS A CONS	SEQUENCE C	PF):	7	1.						
Z	Sequentially list conditions,	b. COYO	Mary			1	isca	36					
CERTIFICATION	if any, leading to immediate	DUE TO (	DR AS A COMS	SEQUENCE (	OF):								
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TIF	that initiated events resulting in death) LAST	DUE TO (C	OR AS A CONS	SEOUENCE C	OF):								
ER	resulting in death) EAST	d											
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10		V				-			1 [] YE	S 2 NO		OF DEATH?	
Σ									— I			1 Nes 2 No	
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL	1				00.0	105 OF D	EATH OOL					
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14S	1 VES 2 NO	1 Definpatient 2  28e. DATE OF II		3 1 DOA 28b. TN		_	JURY AT	aldence	8 Other (Specify) 28d, DESCRIBE H	W IN HIEV O	CHIBED		
	1 Natural 5 Pending	(Month, De)			JURY	WC	YES 2	¬ No	and, Describe III	JW MOONT O	CONED		
BY	2 Accident Investigation	28e. PLACE OF	INJURY _ AL	home form	etraat far			] 140	28f. LOCATION (St	met and Alienhe	ar or Prival S	krista Mirmhar	
ED	3 Suicide 8 Could not be 4 Nomicide determined		tc. (Specify)	and the state of		,			City or Town, S		or research		
E	29a. CERTIFIER				_								
COMPLETED	(Check only	ICIAN: To the best of n											
0	2 MEDICAL EXAMINE	:H: On the basis of ax	mination and/	or investigat	lon, in my	opinion, e	death occur	red at the	lime, date and place	e, and due to 1	the cause(a	) and manner as stated.	
BEC	29b. SIGNATURE AND TITLE OF CERTIFIE	alt	_					ENSE NUI	MBER	29d. DA	TE SIGNED	(Month, Day, Year)	
LLI	1/1/3	110-01	~				1 1) 1 2	587		1 1 /	1 2	90	

30, NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print), 7C Post Office Rd, GIRIJA S, RATH, M, D, Cenna Center Waldorf, Maryland 20602

32. REGISTRAR'S SIGNATURE
Julia Davidson-Randalla

29c. LICENSE NUMBER D 1 2 5 8 7

OHMH-18 Rev 1/89

TO BE COMPLETED BY FUNERAL DIRECTOR

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1		STATE REGISTR	AR
I	1. D	ECEDENT'S	NA

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR				CERTIF	CAIL	UF	DEAL	п	HE	G. NO.			
1. DECEDENT'S NAME (First, Mix LEON	ANTONI	O MAL	ASPINA						2. DATE OF DI MONTH Marc	DA	. 19	YEAR	3. TIME OF DEATH  2:10 P M
4. SOCIAL SECURITY NUMBER	5.	SEX	6. AGE (In yr	s. lest birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF BI	RTH	, -/	8. BIRTI	IPLACE (State or Foreign
577-20-0102		X M 2 □ F	67	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day,	4, 1		WAS	SHINGTON, D.C.
9a, FACILITY NAME (If not institu					9b. CITY,	TOWN C	OR LOCATE	ON OF DE	ATH		9c. COU	NTY OF E	DEATH
St. Mary		pital			L	eona	rdto	wn			S	St. Mary's	
	b. COUNTY				Y, TOWN O				· · · · · · ·				10d. INSIDE CITY LIMITS?
	ST. MA	RY'S		ME	CHAN								1 🗌 YES 2 🔀 NO
P.O. BOX 996	6					101	i. zip codi 206				10g. CIT		WHAT COUNTRY?
11. MARITAL STATUS		WAS DECEDEN	T EVER IN U.S	S. ARMED	13.	WAS DEC			HC ORIGIN? (Sp	ecify Yes	or No-	14. RAC	E - American Indian.
1 Never Married 2 X Ma	rried	WAS DECEDENT FORCES? 1, IF YES, GIVE W				If yes, sp	ecify Cubs	n, Mexica	n, Puerto Rican,	etc.)		Blac Spec	k, White, etc.
3 Widowed 4 Divorce	d	WW II		**		1   123	2 M NO	Specify				Spec	WHITE
(Specify only high	ent's EDUCATH	pleted)		(Give kind of a life. Do NOT us	work done o			ng	16b. KIND	OF BUS	INESS/IN	DUSTRY	
Elementary/Secondary (0-12) 12TH GRADE	) c	ollege (1-4 or 5+	+)	POLICE					11	S	GOVE	RNMF	ENT
17. FATHER'S NAME (First, Middle				POLICE	NO POLICE		16. MOT	HER'S NA	ME (First, Middle	Malden	Surname)		2112
SALVATORE MA	ALASPIN	VA.					HE	LEN	V. G	OLDS	BORC	OUGH	
19a. INFORMANT'S NAME (Type NORMA P. MALI				196. MAJLING P.C	D. BO	S (Street a	96, N	or Rural I	Route Number, Cl	LLE,	MD.	206	559
20a, METHOD OF DISPOSITION	3 🗌 Removal	from State	ott	ACE OF DISPO									own, State
4 Donation 5 Other (So		EF A	_ L_CHZ	ARLES M					CILITY	LEC	NARI	IWOTO	I, MD.
fr. D	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  MATTINGLEY-GARDINER FUNERAL HOME, P.A.  P.O. BOX 270 LEONARDTOWN MD. 20650												
23. PART I. Enter the dise									LEONAR				20650 Approximata
/shock, or hear IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list condition if any, leading to immedie	a	A cui	(OR AS A CO			lio	So	Loy	land	to		-	Interval Between Onset and Death
cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in desth) LAST	a	DUE TO	(OR AS A CO	PNSEOUENCE O	F):								
PART II. Other eignificent	conditions c	ontributing to	death but	not resulting	in tha ur	ndertyin	g cause	given in		WAS AN PERFOR	4	24	b. WERE AUTOPSY FINDINGS AVAILABLE PRIDR TO COMPLETION OF CAUSE OF DEATH? 1 VES 2 11 NO
25. WAS CASE REFERRED TO BE EXAMINER?	H	OSPITAL: \			OTHE		LACE OF E	EATH (Ch	eck only one)				
1 TYES 2 NO	1 [	Inpatient 2			4 🗆 Nur	rsing Hon		esidence	6 Other (Spi				
27. MANNER OF DEATH  1 Natural 5 Per		(Month, D		26b. TIR	JURY M	W	JURY AT ORK? YES 2 [	NO	28d. DEŞCRIE	E HOW I	NJURY OC	CCURED	
3 Suicide 6 Co	restigation ould not be termined	28e. PLACE C building,	of INJURY — etc. (Specify)	At home, farm,	etreet, fac				261. LOCATION City or Tox			or or Rurel	Route Number,
CONTROL ONLY		N: To the best of a											(a) and manner as stated.
29b. SIGNATURE AND TITLE OF	e centrage		71			-	29c. LIC	ENSE NU	MBER		29d. DA	TE SIGNE	D (Mogth, Day, Year)
	1	20	1/	n			Λ	19	917		•	4/3	196
30. NAME AND ADDRESS OF P	Boyd 1		/	dtown,			<i>D</i> _					1/0	
31 DATE FILED (Month, Day, 100	00	32, REGISTRA	AR'S SIGNATU	PRE									
	30	Julian)	audses	Mandall	•								DHMH-16 Rev 1/89

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or removal	medical
remation, or	the
crem	yent,
Dept. of Health and Mental Hygiene prior to burial, crer	aumatic
E.	47
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Menta	Juny,
and	ny i
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of 12	how
Dept.	23 \$
tate Deg	tem

STATE OF MARYLAND / DEPARTMENT	OF HEALTH AND MENTA	L HYGIENE
CERTIFICATE	OF DEATH	REG. NO.

	FOR STATE OF MARYLAND / CI	DEPARTMENTIFIC			ENTAL HYGIENE REG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, Last) Richard Rub Richard R, More	en MO			2. DATE OF DEATH DAY	3/ 199	3, TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. In: $2/2 - 14 - 6/44$ 1 $\boxtimes$ M 2 $\square$ F $\bigcirc$ 2	st birthday) IF	UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	6. 8	HIRTHPLACE (State or Foreign ountry) Varyland		
TOR TOR	9a. FACILITY NAME (If not institution, give street and number)  Washington County Hospital  RESIDENCE OF DECEDENT	96		R LOCATION OF DEA	тн	9c. COUNTY OF DEATH Washington			
FUNERAL DIRECTOR	10a. STATE 10b. COUNTY  Maryland Washington		own or Locat				10d. INSIDE CITY LIMITS? 1 X YES 2 NO		
ERAL	10e. STREET AND NUMBER 443 North Mulberry Street		~	21740			OF WHAT COUNTRY?		
BY FUN	11. MARITAL STATUS  1 Never Married 2 Married  3 Wildowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. AFFORCES? 1 YES 2 IF YES, GIVE WAR OR DATES W. W. II		If yes, sp	ENDENT OF HISPANICIFY Cuben, Mexican, 2 NO Specify:	C ORIGIN? (Specify Yea , Puerto Rican, etc.)		RACE — American Indian, Black, Whita, etc. Specify: White		
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5 +)	ECEDENT'S USI Give kind of work b. Do NOT use re	done during mo tired.)	sembler	16b. KIND OF BUS	dblast			
BE COMF	17. FATHER'S NAME (First, Middle, Last) Charles A. Morris	neet in	ctar as	18. MOTHER'S NAM	E (First, Middle, Maiden Se Poffenb	Surname)	<b>.</b>		
10	Mrs. Vivian Morris				Street, H		own, MD 21740		
	1 Deurial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	of DISPOSITION HOLD	en Cem	etery	Had	gersto	wn, Maryland		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	2		Wilson	Blvd., H		neral Home own, <sub>2</sub> MD <sub>40</sub>		
	23. PART I. Enter the diseases, or complications that caused the dishock, or heart failure. List only one cause on each fin IMMEDIATE CAUSE (Final disease or condition resulting in death)  a.   DUE TO (OR AS A CONSE	relies.		ler accu	,	ratory errest,	Approximate interval Between Onset and Death		
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST								
AL.	PART II. Other significant conditions contributing to death but not	resulting in t	the underlyin	g cause given in F	Part I. 24a. WAS AN PERFOR 1 YES 2	MED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		
IAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			ACE OF DEATH (Che	ck only one)				
PHYSICIAN: MEDIC	1 VES 2 NO 1 Impetient 2 ER/Outpetient :  27. MANNER OF DEATH 28a. DATE OF INJURY (Month. Day. Ver)		F 28c. iN.	e 5 Residence (	B Other (Specify) 28d. DE\$CRIBE HOW II	NJURY OCCUR	ED		
B	Natural   5   Pending   Investigation	ome, farm, stre		/ES 2 NO	281. LOCATION (Street a City or Town, State)	and Number or R	Rural Route Number,		
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, d 2 MEDICAL EXAMINER: On the bests of examination and/or						ruse(a) and manner as stated.		
BE	296. SIGNATURE AND TITLE OF CERTIFIEM			29c. LICENSE NUM 7328			GNED (Month, Day, Year) 3/ Kg		
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITI	EM 27) (Type, Pri	int)						
	31. DATE FILED (Month, Doy, Year)  APR 4 '90 Suna Da	vidson-R	andell	•					

Dar methodological

FUNERAL DIRECTOR

BY

BE COMPLETED

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examiner must shows any Injury, or other traumatic event, the medical HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law ITO THE FUNERAL DIRECTOR: After this certificate has be filed within 72 hours after death with the State Dept.

IMPORTANT: If item 28 is marked, or item 23 is

PHYSICIAN: MEDICAL CERTIFICATION

COMPLETED BY

BE

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reaulting in deeth) LAST

25. WAS CASE REFERRED TO MEDICAL EXAMINER?
1 YES 2 NO

5 Pending Investigation

8 Could not be determined

27. MANNER OF DEATH 1 Netural
2 Accident
3 Suicide

4 Homicide

									90		1203
FOR 1 - STATE REGISTRAR	STATE OF N	IARYLAN	ND / DEPAR				MENTAL HYGIE				
1. DECEDENT'S NAME (First, Middle, Le Edward	L.			Clar			2. DATE OF DEATH MONTH 03/25	5790	YEAR	3. TIME	E OF DEATH
4. SOCIAL SECURITY NUMBER 207-24-4951	5. SEX		yrs. last birthday) 56 YRS.	IF UNDER 1	1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	33	6. BIRTH	PLACE (	State or Foreign ylvania
90. FACILITY NAME (If not institution, give street and number) Anne Arundel Medical Center					napo	OR LOCATION OF DE	EATH		nne A		del
10a. STATE 10b. COUNTY Anne Arundel 10c. CITY, TOWN OF LOCATION Annapolis 10d. INSIDE LIMITS								SIDE CITY MITS? 'ES 2 \( \text{NO}\)			
106. STREET_AND NUMBER 21401 109. CITIZEN, OF WHAT U.S.A.						VHAT CO	JUNTRY?				
FORCES? 1 YES 2 NO If yes, specify Cuben, Mexicen, Puerto Rican, etc.) Black, N						Ame k, White, ''y: Wh:					
(Specify only highest grede completed) (Give kind of the birde of the				work done di sa retired.)	USUAL OCCUPATION Ork done durling most of working 1 retrod.)  Cutter Superm						
17. FATHER'S NAME (First, Middle, Lest) Leo Mc Clarre						16. MOTHER'S NA Mary F	Me (First, Middle, Maide Harris	n Sumeme)			
19a. INFORMANT'S NAME (Type/Print) Mrs. Roberta	A. Mc Clar	re				nd Number or Rural I Tree Driv	Route Number, City or R 7e Annapo		Zip Code) M	D	21401
20a. METHOD OF DISPOSITION  1 Buriel 2 Cremetion 3 R  4 Donation 5 Other (Specify)	temoval from State	20b. Pi ot M	LACE OF DISPOS ther place) D Veter	ans	me of cen	netery, crematory or	Cro	ownsv:			ie
21. SIGNATUME OF GINERAL SERVICE	· Ban	<u></u>	~~	Bai	rran		cal Home S	Severi		-	MD 21146
23. PART Enter the diseases, shock, or heart fellu IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	are. List only one cau	use on each	to line.	lize		de of dying, auc	th ae cerdiac or res	piratory a	irrest,	- Ir	Approximate Interval Between Onset and Death
Sequentielly list conditione, if any, leading to immediate cause. Enter UNDERLYING	ь		ONSEQUENCE O								
CAUSE (Disease or injury that initiated eventa	C. DUE TO	(OR AS A C	ONSEQUENCE O	F):							

PART II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Part i.

24s. WAS AN AUTOPSY PERFORMED? 1 - YES 2 NO

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?

1 | YES 2 | NO

26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA | 4 | Nursing Home 5 | Residence 6 | Other (Specify)

28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK?  1 YES 2 NO	28d. DESCRIBE HOW INJURY OCCURED
28e. PLACE OF INJURY — At ho building, etc. (Specify)	me, farm, street, fac	ctory, office	281. LOCATION (Street end Number or Rural Route Number, City or Town, State)

290. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) and menner so stated. (Check only one)

2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) and menner se stated.

29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 26/90 3 D 58988

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF CEATH (ITEM 27) (Type, Print)

31. DATE FILM ARM. 3" ("00") 990 Suna Day doon Andela



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TO BE COMPLETED BY FUNERAL DIRECTOR

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILED (MANY ATT NOTE)

1 - STATE REGISTRAR		SIMIE UF I	MARTLANI	CERTIF	ICATE				VIENIA	REG. NO.	_		
1. DECEDENT'S NAME (First	, Middle, Lest)	- 1							2. DATE	E OF DEATN	w	YEAR	3. TIME OF DEATH
Marion	u m	lisel							l .	/24/91		TEAR	10 80 A MM
4. SOCIAL SECURITY NUME	BER (	5. SEX	6. AGE (In yrs	s. lest birthday)	IF UNDER	1 YEAR	IF UNDER	R 24 HRS.		OF BIRTH th, Day, Year)		B. BIRTH	IPLACE (State or Foreign
213-01-22	55	1 ☐ M 2X☐ F	99	YRS.	MONTHS	DAYS	HOURS	MIN.		19/90			RYLAND
9s. FACILITY NAME (If not in					-	, TOWN O	R LOCATI	ON OF DE	ATH		9c. COUN	TY OF D	EATN
HAMMONDS		MERRIDE	AN NU	RSING	CT	R	BRO	OKL	YN		ANNE	E Al	RUNDEL
RESIDENCE OF DEC	10b. COUNT	Y		10c. CIT	Y, TOWN (	OR LOCATI	ON						10d. INSIDE CITY
MARYLAND	BALT	IMORE			LTI								LIMITS?
10e. STREET AND NUMBER	DIVEL	11101(1)		DE.	11111		ZIP COD	E			10g. CITIZ	EN OF V	WHAT COUNTRY?
619 NOTTI	NGHAM	ROAD			212						Т	J.S	7
11. MARITAL STATUS		12. WAS DECEDEN					ENDENT (	OF NISPAN	IIC ORIGI	IN? (Specify Yes			E — American Indien, k, White, etc.
1 Never Married 2			YES 2					on, Mexice Specify		Ricen, etc.)		Speci	
3 XWIdowed 4 Dive	orced												UCASIOAN
	EDENT'S EDU ly highest grade		164	. DECEDENT'S	work done	CCUPATIO during mos	N it of worki	ing	16	b. KIND OF BUS	SINESS/INDL	STRY	
Elementary/Secondary (	0-12)	College (1-4 or 5	+)	Me. Do NOT u									
12+				воок	KEE	PER				LINE		OR'	r co.
17. FATNER'S NAME (First, A		037					18. MOT			Middle, Maiden			
		OX								NE F.			ΓZ
19a, INFORMANT'S NAME (		77		19b. MAILING	ADDRES	S (Street or	nd Numbe	r or Rural i	Route Nur	mber, City or Tow	n, State, Zip	Code)	
MR WILL:		KEEN								_		_	
20a. METHOD OF DISPOSIT	on 3 🗆 Rem	oval from Stats	20b. PL oth	ACE OF DISPO er place)	SITION (N	ame of cem	netery, crer	matory or		20c. LO	CATION — C	ity or To	wn, State
4 □ Donation 5 □ Other		OFMORE /	WE	STERN					OII	BA	ALTIN	ORI	E, MD
21. SIGNATURE OF PUNERS	100	AG	٧	0				CHI		WY.			
eyjiu	13	D. //	ass	and	M			PA			21146	,	
23. PART I. Enter the d		complications the			not enter	the mod	de of dy	ing, suc	h as ca	rdiac or respi	retory erre	st,	Approximata
IMMEDIATE CAUSE (FI		List only one ca	A A	ine.		_				1			Interval Between Onset and Death
disease or condition resulting in death)	<b>→</b>	· Mar	takl	e. R	and	rac	1	an	he	Mhan	lane i		minite
resulting in death)		DUE TO	(OR AS A CO	NSEQUENCE C	OF):								1
W - 500 W - 50		b. VK	Lone	hos	nou	<b>~</b> ~~5	ni		0	/			dans
Sequentially list condit if any, leading to imme		DUE TO	OR AS A CO	NSEQUENCE C	F):								
cause. Enter UNDERLY CAUSE (Disease or Inju	ING	C											
that initiated events		DUE TO	OR AS A CO	NSEQUENCE C	P):								
resulting in death) LAS	, L	d											
PART II. Other significa	ent gondition	ne contributing to	deeth but i	not resulting	In the u	nderivino	Cause	given in	Part I.	24e, WAS AN	AUTOPSY	248	b. WERE AUTOPSY FINDINGS
Rece	at 1	onolo		0	A	rca	. 1	1		PERFO		1	AVAILABLE PRIOR TO COMPLETION OF CAUSE
	4 . / (	200	Glas	ma ?	1	4		70-4		1 TYES	5 (II)-NO		OF DEATH?
					TA	40							1 TES 2 NO
25. WAS CASE REFERRED	TO MEDICAL	1				26 Pt	ACE OF I	DEATH (CA	ack only	onel		٠	
EXAMINER?	, , , , , , , , , , , , , , , , , , , ,	HOSPITAL:	□ 5000 to the		OTHE	rí:							
27. MANNED OF DEATH		28a. DATE O		25b. TII		28c, INJ	_	lesidence	_	her (Specify)	IN HIRY OCC	HRED	
_/ _	Pending		Day, Year)	IN	JURY	WO	RK? (ES 2 [	□ NO	200. D	EGOTIOE NOW	into itt occ	ONED	
2 Accident	Investigation	28a DI ACE	OF IN HIRY	At home, farm,	street for				254.10	CATION (Street	and Mumbas	or Physial	Bouts Mumber
3 Suicide 5 4 Homicide	Could not ba determined	building	, etc. (Specify)	At Home, min,	ationt, inc	tory, orner			Cit	y or Town, State,	)	or norm	House Namoes,
29s. CERTIFIER									4				
(Check only		ICIAN: To the best o											
2 MEC	DICAL EXAMINI	ER: On the basis of	examination an	d/or investigati	lon, in my	opinion, d	eath occu	ured at the	time, da	te and place, ar	nd due to the	cause(	(e) and menner as stated.
29b. SIGNATURE AND TITLE	E OF CERTIFIE		101	m.c			29c. LIC	ENSE NU	MBER	-	29d. DATE	SIGNE	D (Month, Day, Year)
gring	0.		beh,	11/	-		1)	29	76	7	13	121	1190
30. NAME AND ADDRESS						0	11	`		10	1		Pasado
Jerry (	0 - 2	Kanbe	A, MI	) 8	118	139	(+2	mo.	re-	MANA	70014	3 1	BluzMe

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2. Four sides of any be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DHMH-16 Rev 1/89

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

3. TIME OF DEATH

DHMH-16 Rev 1/89

YEAR

		Pages 1, 2, 3 should		
CHEST STAGE	ician.	Heransit permit. Pages 1, 2, 3 should		Description (SP)
BALTIMORE, MARYLAND	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within are after death. Page 6 may be retained by me however	TO THE FUNERAL DIRECTOR; after this certificate has been signed by the attending physician and completely med in by the funeral director, page 5 should be databased		MDODIANT. His 28 is marked or lies 23 shows any inher or other fraumatic event the medical examinar must be notified at once.
BALTIMO	ars after death. Page	ely filled in by the funeral direct	nation, or removal.	the medical examiner n
.O. BOX 13146,	h certificate be executed within	inding physician and complete	Hyglene prior to burial, crem	or other traumatic event
AL RECORDS, P	he law requires that the deatl	has been signed by the atte	e Dept, of Health and Mental	m 23 chowe any inhiny
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	OR ATTENDING PHYSICIAN; T.	DIRECTOR: After this certificate	be filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	Hem 28 is marked or its
	TO THE HOSPITAL	TO THE FUNERAL	be filed within 72	M -TANDUM

	Cath	ierine	C.	mor	NST	SON	3 27	- 9	O VEAR	500 P M	
	4. SOCIAL SECURITY NUMBER			s. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		6. BIRTHPLA Country)	ACE (State or Foreign	
		1 🗆 M 2 📉 F	79	77 YRS.			July 9,		New '		
ا ي	9s. FACILITY NAME (if not institution, give					OR LOCATION OF D	PEATH		TY OF DEAT		
CIOR	440 E. Diamond	Ave			Gait	nersburg		Mont	gomer	У	
DIREC	10e, STATE 10b. COUNT	Υ		10c, CIT	Y, TOWN OR LOCA	TION			10-	d. INSIDE CITY LIMITS?	
	Maryland Mont	gomery		G.	aithersl	ourg			1]	YES 2 NO	
M	10e. STREET AND NUMBER				3	M. ZIP CODE		10g. CITIZ	EN OF WHA	T COUNTRY?	
FUNERAL	440 E. Diamond					20877				tates	
BY FU	11. MARITAL STATUS  1 Never Merried 2 Merried  3 Wildowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [ IF YES, GIVE WA	YES 2	<b>™</b> NO	If yes, s		NIC ORIGIN? (Specify an, Puerto Ricen, etc.) ify:		Black, W	American Indian, Thits, atc. White	
	15. DECEDENT'S EDU (Specify only highest grade		16:	(Give kind of	USUAL OCCUPAT	ION lost of working	16b. KIND OF	BUSINESS/INDU	USTRY		
E	Elementary/Secondary (0-12)	College (1-4 or 5+)		Iffe. Do NOT us	se retired.)						
COMPL		4		Geolo	gist	,		Governm	nent		
8	17. FATHER'S NAME (First, Middle, Last)					The second second	AME (First, Middle, Meid				
BE	Charles Gustaf  19a. INFORMANT'S NAME (Type/Print)	Mortenso	n	405 44411 1040	4000000 (Or		ierite Ma				
2	John Noble						P. a 1 and 1			1 20050	
	20s. METHOD OF DISPOSITION		20h PI			emetery, crematory or	Rockvil	LOCATION - C			
	1 Donation 5 Other (Specify)	noval from State	oth	er place)	tan Cre					Virginia	
	21. SIGNACHUE OF FUNERAL BEHVICE L	CENSEE	Het	Toport							
	10 East Deer Park Drive										
	Gaithersburg, Maryland 20877  23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest,  Approximate										
CERTIFICATION	Sequentieity list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  CORO AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):										
WEDICAL	PART II. Other significant condition	na contributing to o	deeth but r	not resulting	in the underlyi	ng cause given in	PER	AN AUTOPSY FORMED? 3 2 📉 NO	AV CC Of	ERE AUTOPSY FINDINGS MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?  YES 2 NO	
PHYSICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			26. OTHER:	PLACE OF DEATH (C	Check only one)	·			
YSI	1 Ø VES 2 □ NO	1 🗆 inpatient 2 🗆			4 - Nursing Ho		6 Other (Specify)				
ВУ РН	27. MANNER OF OEATH  1 Netural 5 Pending 2 Accident Investigation	28s. DATE OF I (Month, Da	y, Year)		JURY V	JURY AT ORK? YES 2 NO	28d. DEŞCRIBE HO				
ETED	3 Suicide 6 Could not be 4 Homicide detarmined		rtc. (Specify)	At nome, ferm,	street, factory, of	ice	26t. LOCATION (Str. City or Town, St		or Rural Roul	le Number,	
COMPL	(Check only one)  1 CERTIFYING PHYSICAL EXAMIN	ER: On the basis of ax								nd manner as stated.	
TO BE	296. SIGNATURE AND TIBLE OF CERTIFI	Tanb	er	2000	)	DOS Sec license hi	546	<b>▶</b> 3	3-2	8-90 8-90	
		Tamber	- '	8219		SCONS	in A	re T	7.05	hosda	
	MAR 3 0 90	Fulia Dai	MdACA-	Randell.							

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

2. DATE OF DEATH MONTH DAY

21203-3146

BALTIMORE, M.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

ifter death. Page 6 may be promoted to a strending physician.	by the funeral director, page and the second of the second	al examiner must be netified at pere	TO BE COMPLETED BY FUNERAL DIRECTOR
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be provided to attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page and the first of the first part of the first permit. Pages 1, 2, 3 should be find within 75 hours after nearh with the State Dent, of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be netified at once.	O BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE REGISTRAR	STATE OF MARYLAN	D / DEPARTM CERTIFICA			MENTAL HYGIE REG. N		
1. DECEDENT'S NAME (First, Middle, Last)	EugeneMu	enc h		70.	2. DATE OF DEATH MONTH	DAY 9	3. TIME OF DEATH  12 <sup>20</sup> /P M
4. SOCIAL SECURITY NÚMBER 214-28-54/7 9a. FACILITY NAME (II not institution, give stre	net and number)	59 YRS. MON	THE DAYS	IF UNDER 24 HRS. HOURS MIN. LOCATION OF DE	7. DATE OF BIRTH (Month, Day, Year)		SARTHPLACE (State or Foreign Country) ARYCAND OF DEATH
CO HON VILLA RESIDENCE OF DECEDENT  108. STATE  10b. COUNTY	Nog. Cente.		Hagers		, md.	was	hing ton
MARYLAND FRED.	ERICK	EMMI	73801	2G		10g. CITIZEN	1 YES 2 NO OF WHAT COUNTRY?
	TSBURG ROA  12. WAS DECEDENT EVER IN U.	S. ARMED			IIC ORIGIN? (Specify	U - ; Yea or No — 14.	S. A  RACE — American Indian,
1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES 2 IF YES, GIVE WAR OR DATE: KOREAN CON	FLICT	1 TYES 2	NO Specify		C	Black, White, etc. Specify: AUCASIAN
15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)		a. DECEDENT'S USU (Give kind of work - life. Do NOT use reli  ABORER	done during most tired.)			BUSINESS/INDUST	UETALS
17. FATHER'S NAME (First, Middle, Last)	MUENCH	LABURER	T-	18. MOTHER'S NA	ME (First, Middle, Maid		ACTALS
19a. INFORMANT'S NAME (Type/Print)  DAVID MUENC		196 MAILING ADD	DRESS (Street and	Number or Rural I	Poute Number, City or	lown, State, Zip Cox EAM 1752	
20a. METHOD OF DISPOSITION  1 Burlal 2 Cremation 3 Remot  4 Donation 5 Other (Specify)	val from State	ACE OF DISPOSITION PROPERTY ST. JOSE	GPH'S CE	tery, cremetory or METE		LOCATION — City MITSBU	RG, MD
21. SIGNATURE OF FUNERAL SERVICE LICE	dy_		SKILE	S FUNE	RAL HOM		MAIN ST. TSBURG, MD.
23. PART I. Enter the diseesed or conshock, or heert failure. L. IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	ompressions that caused the lat only one cause on each only one cause on each only one cause on each only one cause on each only one cause of the caused the latest one caused the caused t	he He	enter the mode	of dying, suc	h es cerdiec or re	epiratory srrest	Approximate Interval Between Onset and Deatl
Sequentielly liet conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in deeth) LAST	DUE TO (OR AS A CO		nl-	DESO	zę		
PART II. Other significent conditions Howard	contributing to deeth but		he underlying	ceuse given in	PERI	AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	I on	26. PLA	CE OF DEATH (Ch	eck only one)		
1 YES 2 NO 27. MANNER OF DEATH	1 Impatient 2 ER/Outpatie  28a. DATE OF INJURY (Month, Day, Year)		Nursing Home  28c. INJU	RY AT	6 Other (Specify) 28d. DESCRIBE HO	W INJURY OCCUR	ED
Netural 5 Pending Investigation  Suicide 8 Could not be	28e. PLACE OF INJURY — building, etc. (Specify)	At home, farm, stree	M 1 YE	S 2 NO	281, LOCATION (Str. City or Town, St		Rural Route Number,
deed and	SIAN: To the best of my knowled	ge, death occurred at			to the cause(a) and	manner as stated.	nusses) and manner so stated
29b. SIGNATURE AND TITLE OF CERTIFIER	eof in			D245			GNED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WHO ABOUL WAT	completed cause of DEATH	1 (ITEM 27) (Typo, Prin	k Hill	NE.	HAGERS	TOWN.	win
MAR 3 0 1990 Sub	32. REGISTRAR'S SIGNATURA DAVIDSON Pandel						

OHMH-16 Rav 1/89

FOR STATE REGISTRAR

as the burial-transit permit. Pages 1, 2, 3 should

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be

		1. DECEDENT'S NAME (First,	, Middle, Last)								2. DATE O	OF DEATH DA	v	YEAR	3. TIME OF DEATH
<u> </u>		Mar	rgare	t E.	Ma	ason				_	3	29		90	10:45A.MM
		4. SOCIAL SECURITY NUME		5. SEX		(in yrs. last i	birthday)		ER 1 YEAR	IF UNDER 24 HRS.	7. DATE O	Day, Year)		8. BIRTH Countr	IPLACE (State or Foreign
		216-03-748	87	1 🗌 M 2 🖫 🗲		79	YRS.	MONTHS	DAYS	HOURS MIN.		27 1	o 1		vland
		9a. FACILITY NAME (If not in	stitution, give s	treet and number)				9b. Cl	TY, TOWN	OR LOCATION OF DE	ATH		9c. COU	NTY OF O	EATH
	СТОВ	Meridian -	- The	Pines					Εa	aston			Т	albo	ot
	2	10a. STATE	10b. COUNT				10c. CIT	Y, TOWN	OR LOCA	TION					10d. INSIDE CITY
	DIREC	Maryland	Tal	bot			Ea	sto	on						LIMITS?
	AL	10e. STREET AND NUMBER								I. ZIP CODE			10g. CIT	IZEN OF V	VHAT COUNTRY?
	ER	407 S. Was	shina	ton Str	eet					21601			U	J.S.	Α.
	FUNER	11. MARITAL STATUS		12. WAS DECEDEN	IT EVER I	N U.S. ARM	ED	1:			NIC ORIGIN? (Specify Yea or No. 14. RAC				E — American Indian, k, White, etc.
	BY F	1 Naver Married 2 3 Widowed 4 XDIvo		IF YES, GIVE			,			ecify Cuban, Mexica 2 NO Specify	y: Spe			Speci	lfy:
	8 0			l											ite
	ETE	15. DEC (Specify onl	EDENT'S EDU ly highest grade	CATION completed)		(G/v		work don	OCCUPATION OF COLUMN	ON Ost of working	18b.	KIND OF BUS	BINESS/INC	DUSTRY	
- 1		Elementary/Secondary (0	0-12)	College (1-4 or 5	+)					ac.		hoan	i + - 1		
8	COMPI	11 2 credit manager hospital  17. FATHER'S NAME (First, Middle, Last)  18. MOTHER'S NAME (First, Middle, Maiden Surmame)													
at once.															
	BE	William F. Elliott Delia McNicholas  196. INFORMANT'S NAME (Type/Print) 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)													
examiner must be notified	2											D 21157			
pe															
ust		20a. METHOD OF DISPOSITION 4/2/90 1 Department of Departme													
je l		21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY													
m m		N/t	1	11	1 0	FSP		1	Newn	am Fune	ral	Home			
ex .		Mita	een	7 65-6						on, Mar					
or removal		23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory are shock, or heart feiture. Liet only one cause on each line.											reat,	Approximeta intarval Between	
		IMMEDIATE CAUSE (Final disease or condition													
remation,		reculting in death) - e. Consective heart failure													
				DUE TO	(OR AS A	A CONSECT	UENCE O	F):							18
punal,	NO	disease or condition resulting in death)  e. Conserve Reart Fulure  DUE TO (OR AS A CONSEQUENCE OF):  Hypertenive and anterior Constitutions, or consequence of the conditions													
traum	RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING  DUE TO (ORAS A CONSEQUENCE OF):  Cavidian abundance of the conditions of the cause of the													
····	윤	CAUSE (Disease or injury that initiated events oue to (or as a consequence of):													
nygiene or othe	E	resulting in deeth) LAST													
_ 0	빙														
5 E	DICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY PERFORMED?  AMAILABLE PRIOR TO													
5 6	음	acquired spinal stensis with spastic 1 VES 2 NO COMPLETION OF CAUSE													
shows a	ME	8	und	ripleg	ia					•					1 YES 2 NO
Dept. o	ä	algher	mer!	معندل م	abe										
State De	SICIAN	25. WAS CASE REFERRED T	TO MEDICAL	HOSPITAL:				ОТН		LACE OF OEATH (Ch	eck only one	e)			
or It		1 🗆 YES 2 🗐 NO		1 Inpetient 2	☐ ER/Out	patient 3	□ DOA			ne 5 🗆 Residenca	8 🗆 Other	(Specify)			
	PH	27. MANNER OF DEATH	0	28e. DATE O (Month,	F INJURY Day, Year)		28b. TIR IN	JURY	28c. IN W	JURY AT DRK?	28d. DEŞ	CRIBE HOW I	NJURY OC	CURED	
death with	B	1 Natural 5 🗋 2 🗋 Accident	Pending investigation		-			М		YES 2 NO					
0 10	ا ۵	3 Sulcide 8 1	Could not be	28a. PLACE building	of injury , atc. (Spe	Y — At homecify)	ne, ferm,	street, f	factory, offi	te .		ATION (Street or Town, State)		or or Rural	Route Number,
n 28 ls	ETE	4 Nomicide	detarmined												
hours	MPL		TIFYING PHYS	ICIAN: To the best o	f my know	viedga, dea	th occur	red at th	e time, dat	a and place, and due	to the cau	se(a) and mai	nner aa ats	nted.	
Pi Z	COM	one) 2 MED	DICAL EXAMIN	ER: On the beels of	examination	on and/or In	rveatigati	on, In m	y opinion,	death occured at the	time, deta	and place, ar	d due to t	he ceuse(	e) and menner as stated.
HTA WIE	29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE S									TE SIGNED	(Month, Day, Year)				
be filed within 72 I	0	Red	Bent	W. Tre	ver	1. M	.D			D109	38		•	3/29	9/90
[	7	30. NAME AND ADORESS O						, Print)							
		Robert W.	Tre	ver, M.	D.	Rt.	3,	Вс	x 29	7, Eas	ton,	MD	216	01	
		31. DATE FILED (Month, Day,		32. REGISTR	AR'S SIGN	NATURE	4								
	- 1	MAR 30'	90	Section	العلاطات	m-Gan	dell								

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

Dr. J. Ramsy Farah.
31. DATE FILED (Month, Dex. Year)
APR 10 90

MD 101 King Street.
32. REDISTRANCE SIGNATURE PANDELL

1. DECEOENT'S NAME (First, Middle, Last)		CERTIF	ICATE OF	DEATH	REG. NO.		3. TIME OF DEATN
Joshua	Allen	Ni	cley		MONTH DA	+ 9	0530
None	1 M2 = 03	in yrs. last birthday)	F UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF SIRTN (Month, Day, Year)	O	BIRTNPLACE (State or Foreign Country)  Maryland
Ba. FACILITY NAME (If not institution, give street  Washington Co RESIDENCE OF DECEDENT		al		perstown	ATH	9c. COUNTY	of DEATH Shington
10a. STATE 10b. COUNTY			Y, TOWN OR LOCA				10d. INSIDE CITY LIMITS?
Maryland (  100. STREET AND NUMBER  327 A South	Washington Cannon Ave.			gerstown i.zip code 21740		10g. CITIZEN	1 V YES 2 NO 1 OF WHAT COUNTRY?
	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 X NO	If yea, ap	2.11.0		or No 14	RACE — American Indian, Black, White, atc. Specify:
15. DECEDENT'S EDUCA (Specify only highest grade co	OTION completed) Collage (1-4 or 5 +)	16a. DECEDENT'S (Give kind of life. Do NOT u	USUAL OCCUPATI work done during me se retired.)	ON ost of working	18b. KIND OF SU	siness/indus None	White
17. FATNER'S NAME (First, Middle, Last) Richard Allen Nice	ely				ME (First, Middle, Maiden Cle Lee St		L
19a. INFORMANT'S NAME (Type/Print) Richard Allen Nic	ely			and Number or Rural R	o Hagers		d. 21740
20e. METNOD OF DISPOSITION 1X Burlet 2 Cremation 3 Remove 4 Donation 5 Other (Specify) 21. SIGNATURE OF THE RAL SERVICE LICE 23. PART I. Enter the diseases, or conshock, or heart failure. Li IMMEDIATE CAUSE (Finel disease or condition resulting in desth) 3.	emplications that caused at only one cause on a	d the death. Do	Davi Rt 3  not anter tha m	no adonéss of fac s Funeral Box 78.	L Home Hagerstow	n. Mar	own, Maryland yland 21783 Approximata interval Betwee Onset and Dec
	DUE TO (OR AS /	A CONSEQUENCE O	)Fi:			<u> </u>	
Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	A CONSEQUENCE C					
If any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events			PF):	ig cause given in	Part I. 24a. WAS AI PERFO	RMED?	AVAILABLE PRIOR TO
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	contributing to death b	out not resulting	In the underlyle	LACE OF DEATH (Ch	PERFO 1 VES	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATN  1 Netural 5 Pending	contributing to death b	put not resulting	26. F OTHER: 4   Nursing No		PERFO 1 VES	RMED? 2   NO	COMPLETION OF CAUSE OF DEATH? 1   YES 2   NO
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATN  1 Netural 5 Pending	Contributing to death by  HOSPITAL:  1 Magnetiant 2 = ER/Out	petient 3 DOA 28b. Till 16	OTHER: 4 Nursing No ME OF JURY M 1	LACE OF DEATN (Chi	PERFO 1 VES  ack only one)  8 □ Other (Specify)	RMED? 2 NO INJURY OCCU	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 N NO
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATN  1 Netural 5 Pending Investigation  2 Accident  3 Suicide 8 Could not be determined  29e. CERTIFIER (Check only)	Contributing to death by the state of my know that the best of my know the state of the best of my know the state of the best of my know the state of the best of my know the state of the best of my know the best of the bes	petient 3 DOA  28b. Till  f — At home, farm,  city)	28. F OTHER: 4 Nursing No ME OF JURY M 1 street, factory, off	LACE OF DEATN (Ch. me 5 Residence JURY AT ORK? YES 2 NO Ce	PERFO 1 (Fes)  8 Other (Specify) 28d. DESCRIBE NOW  28f. LOCATION (Street City or Town, State to the cause(s) and me	INJURY OCCU	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  REO  Rural Route Number.

Hagerstown, Maryland 21740

1-1

TO BE COMPLETED BY FUNERAL DIRE

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with the post of the HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. It is find after this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. It is find after the marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

1. DECEDENT'S NAME (FILE		T. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7.							2. DATE OF E	DEATH DAY	Y	YEAR	3. TIME OF DEATH	
ISABELI	A EL	IZABETH	NEUBAU	JER					April	2, 1	1990		3:50 PM	
4. SOCIAL SECURITY NUI 210-07-3738		6. SEX	6. AGE (In yrs. In 87	st birthday) YRS.	IF UNDER	DAYS	HOURS	MIN.	7. DATE OF B (Month, De)	v Weers	002	Count	PLACE (State or Foreign MSylvania	
9a. FACILITY NAME (# not		45	07		9h. CIT	Y. TOWN	OR LOCAT	ION OF D		20,13		NTY OF D		
Bel Air Co	nvales		ter				Air	011 01 01	D.111			Harf		
RESIDENCE OF DE	10b. COUNT	~		10c. CITY, TOWN OR LOCATION 10c						10d, INSIDE CITY				
Maryland	-122	rford						i	- Pol	71:00			LIMITS?	
10e. STREET AND NUMBE		LIOIG		1 300	) Sui		MEL I		e, Bel	ALL	10- CIT	TZEN OF S	1 YES 2 NO	
300 Sunfl		rive				Π.		1014			log. Cri	USA		
11. MARITAL STATUS  1 Newer Married 2 [ 3 Widowed 4 Di		FORCES?	NT EVER IN U.S. A 1 YES 2 X WAR OR DATES	RMED NO	13.	If yes, s		on, Mexica	NIC ORIGIN? (S <sub>i</sub> nn, Puerto Ricar ly:		Black, White, etc.  Specify:			
	ECEDENT'S EDU	ICATION	160 D	ECEDENT'S	I I I I I I	COLIBAT	FION		16b. KIND OF BUSINESS/INC				te	
	only highest grad			(Give kind of work done during most of working Exclaim Type refred.) Secretary				Library						
17. FATHER'S NAME (First,	Middle, Last)	7				-4	18. MO	HER'S NA	ME (First, Middl	e. Maiden :	Sumame)			
James J.		ds						sabe!		thil	,	McC	ulloch	
19a, INFORMANT'S NAME	(Type/Print)		1	9b. MAILING	3 ADDRES	S (Street	t and Numbe	or Aural	Route Number, C					
Robert E.		er							Bel Ai					
20a. METHOD OF DISPOS	ITION		20b. PLACI	E OF DISPO								City or To		
1 Donation 5 Oth	R. other	R. A. Ferris Crematory						West Chester, Pa.						
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY														
Howa	mas	127					Comas I				ome, P.A.			
disease or condition resulting in death)  Sequentially list conditions		b. Due To	O (OR AS A CONSI	Lel		ll.	T e							
If any, leading to imm cause. Enter UNDER! CAUSE (Disease or is that initiated events reaulting in death) L/	LYING njury	c	O (OR AS A CONS											
PART II. Other significant	cent conditio	na contributing to	o death but not	reaulting	In the u	inderly	Ing ceuse	given in	Part I. 24s. WAS AN AUTOPSY			24	24b. WERE AUTOPSY FINDIN	
										PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  1 YES 2 NO	
25. WAS CASE REFERRED	TO MEDICAL					26.	PLACE OF	DEATH (C	heck only one)					
EXAMINER?		HOSPITAL:	☐ ER/Outpatient	3 DOA	OTHE		ome 6 □ I	Residence	8 Other (Sp	necify)				
27. MANNER OF DEATH	Pending Investigation	26a. DATE O		26b. TII	-	28c. /	NJURY AT WORK? YES 2		26d. DESCRI		NJURY O	CCURED		
2 Accident 3 Suicide 6 4 Homicide	OF INJURY — At I g, etc. (Specify)	home, farm,	street, fa	ctory, of	fice		261. LOCATIO	ON (Street a own, State)	and Numb	er or Rural	Route Number,			
Annal Control						e to the cause(a				a) and manner as states				
29b. SIGNATURE AND TIT	LE OF CERTIFIE	ER					29c. LI	CENSE NU	MBER		29d. DA	TE SIGNE	D (Month, Day, Year)	
Daws	P5.	Du	_ ~	>			D	322	97		•	4/2	150	
30. NAME AND ADDRESS	OF PERSON W	HD COMPLETED CA	USE OF DEATH (IT	TEM 27) (Typ	e, Print)	RD				0	210			
31. DATE FILED (Month, D	03'90	32. REGIÉTE	AR'S SIGNATURE	- Hand	alle	7		, 14				-7		

1 - STATE REGISTRAR		SIATE OF	MAKYLA					DEAT		MENIA	L HYGI REG.					
1. DECEDENT'S NAME (First,			MAYE		WNSE		NELS			2. DATE	OF OEAT	Н		VEAR	3. TIME O	F DEATH
Maye		ELSON.				.,,,,				Apr		3 DAY			6:10	рm. м
4. SOCIAL SECURITY NUMBER 244-05-9681	5.11	. SEX	6. AGE (II	n yrs. last	birthday) YRS.	IF UNDER	1 YEAR DAYS	HOURS	MIN,	7. DATE (Moni	of BIRTH	191	4 7	Country V110	place (Sta Jinia	te or Foreign
90. FACILITY NAME (If not in Franklin Squ			-				TOWN C	le	ON OF OR	ATH			COUNT			
RESIDENCE OF DEC						ROSSVIIIE Baltimore										
10a. STATE	10b. COUNTY	_				Y, TOWN (		ION							10d. INSIC	
Maryland	Harfor	<u>rd</u>			Abi:	ngdo:										2. NO
100. STREET AND NUMBER 3614 Philade	elphia I	Road					101	ZIP CODE 21	009			10-	g. CITIZE	USZ	HAT COUN	ITRY?
11. MARITAL STATUS 1 Never Married 2 2 3 X Widowed 4 Divo	Married	2. WAS DECEDE FORCES? IF YES, GIVE	1 YES	2 X N	MEO O		If yes, sp	ENDENT O	n, Maxica	n, Puarlo				4. RACE Black Specif		an Indian, c.
	EDENT'S EDUCAT y highest grade cor			18a. DE0 (G/s	EDENT'S	USUAL O	CCUPATIO	ON st of workin	9	16	b. KIND OF	BUSINE	SS/INDU	STRY		
Elementary/Secondary (6	)-12)	College (1-4 or 5	+)			wife							-			
17. FATHER'S NAME (First, M		ownsend						18. MOTI		ME (First,	Middle, Ma	iden Sum	ame)			
19a. INFORMANT'S NAME (			•	19b	MAILING	ADDRES	S (Street a	nd Number	or Rural	Route Nun	nber, City o	r Town, St	ate, Zip C	ode)		
Howard W. N		Jr.						reet		ltin	_					
20a. METHOD OF DISPOSIT	on 3 🗆 Ramove	al from State		other pla	ce)			netery, cren Gard	-			Bel				
21. SIGNATURE OF FUNERA	L SERVICE LICEN	ISEE	0			22.	NAME A	ND ADDRE	SS OF FA					-		
Harrio	12/K	Mal	100	110	111										me, I	
23. PART I. Entar the d								okes							App	roximate
ahock, or h IMMEDIATE CAUSE (Fil	aart fallure. Lis nai	it only one ca	use on as	ich lina.												rvai Between set and Death
diseese or condition reaulting in death)		Athero	scler				Vas	cular	c Di	seas	е				-	
Sequentially list condit	tone 6.	552 (	J (011 70 7	CONGEG	OLNOL O	• ,•										
If any, leading to imme	diata	DUE TO	O (OR AS A	CONSEC	UENCE O	F):										
CAUSE (Disease or inju		DUE TO	O (OR AS A	CONSEC	UENCE O	F):		_							1	
reaulting in death) LAS	T d.															
PART II. Other algoritics	ent conditions	contributing t	o death h	ut not n	neuitina	in the m	nderivin	a course	alven in	Part I	24a MB	S AN AUT	neev	24b	WEDE ALI	TOPSY FINDINGS
TART II. Other anguinou	ant conditions	continuating t	o death o	at not i	sautting	m tile o	ilderlyiii	d codes	given m	e ant i.	PE	RFORME	9	*****	AVAILABLE	E PRIOR TO
										_	1 🗆 YI	E\$ 2 🗀	NO		OF OEATH	?
				-											1 🗌 163	2 NO
25. WAS CASE REFERRED 1							28. P	LACE OF 0	EATN (C	neck only o	one)					
EXAMINER?		OSPITAL:	☐ ER/Outp	ationt 3	□ DOA	OTHE 4 Nu		ne 5 🗆 Re	sidence	8 🗆 Ott	er (Specify	')				
	Pending	28a. OATE C (Month,	F INJURY Day, Year)		28b. TIN	IE OF JURY M	WC	JURY AT ORK? YES 2	NO	28d. O	ESCRIBE N	ULNI WOI	RY OCCL	JREO		
2 Accident 3 Suicide 8	Could not be determined	28e. PLACE building	OF INJURY	— At ho	me, farm,	street, fac	tory, offic	a			CATION (S		Number o	r Rural F	Route Numb	er,
				_		:			_			_				
(Cireck biny	TIFYING PNYSICIA														) and man	ner as stated.
29b. SIGNATURE AND TATLE	E OF CERTIFIER							29c. LIC	ENSE NU	MBER		29	d. DATE	SIGNED	(Month, De	ay, Ybar)
30. NAME AND ADDRESS O	000	COMPLETED CA		ATH OTE	1 271 /5-	Dylad		P	39	226	9	1	4	F/	3/9	0
Dur Huar	14 5	9000	Frank	lin	Squa	ire [	riv	e, Ba	lti	nore	, Mai	ryla	nd 2	2123	7	
31. DATE FILED (Month, Day,	5 '90	32. REGISTI	JAR'S SIGN	dson-	Rand	200-										

BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146, TO BE COMPLETED BY FUNERAL DIRECTO

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Zxxxvus after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burnil-frame. Describe filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: It Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DAL	eath	fune	
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_	5	=	1
	TAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with	AAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funer	72 hours after death with the State Deot, of Health and Mental Hypiene prior to burial, cremation, or removal.
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	IA	M	2

	FOR STATE REGISTRAR	STATE OF MARYLA		ENT OF HEALTH AND ATE OF DEATH	MENTAL HYGI REG.		
	NOSH .	SA PAULI	mo	COMB	2. DATE OF DEAT	26 G	3. TIME OF DEATH 9:00 P.
R		□ M 2 AF	9/ YRS. MON	THE DAYS HOURS MIN.	(Month, Day, Yes 11-26	9c. COUNTY	BIRTHPLACE STATE OF FOREIGN GOVERNOOF IS I OWNOFT R
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY  Change	019 1039	10c. CITY, TO	own or Location ite Plains		ICNE	10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL D	Charle 100. STREET AND NUMBER  Route # 2.	Box 309		10f. ZIP CODE 20695			N OF WHAT COUNTRY? U.S.A.
B⊀	11. MARITAL STATUS 12.  1 Never Married 2 Married 2 Widowed 4 Divorced	WAS DECEDENT EVER IN FORCES? 1 YES	2 ( NO	13. WAS DECENDENT OF HISP. If yes, specify Cuban, Maxic 1 YES 2 NO Specify	en, Puerto Ricen, alc		Black, White, etc.  Specify: 1 + e
COMPLETED	12	ON pleted) ollega (1-4 or 5 +)	18a. DECEDENT'S USU (Give kind of work life. Do NOT use rel Home n	done during most of working naker		At Ho	4
BE	17. FATHER'S NAME (First, Middle, Last) Ernst Voigt  19a. INFORMANT'S NAME (Type/Print)		106 MAII ING ADI		AME (First, Middle, Me 7 Sulliv	an	261
2	Marilyn N. Haent	20b.	Rt. 2,	Box 309 , Wh	nite Pla	ins , ]	Md. 20695
	1 Burlel 2x Cremation 3 Removel 4 Donattor 5 Diner (S) 21. SIGNATURE OF FUNERA	from Stata	Lee Cre	ematory	C	linton	,Maryland C,La Plata
ERTIFICATION	23. PART I. Enter the diseases, Dr com ahock, or heart failure. List IMMEDIATE CAUSE (Final disease or condition reaulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	DUE TO (OR AS A O	ng pute	Pulling	ch as cerdlec or r	eepiratory erree	t, Approximate Interval Betwe Onset and De
CAL CER	PART II. Other algniticant conditions co	ontributing to death bu	t not reaulting in ti	ne underlying cause given i		S AN AUTOPSY	24b. WERE AUTOPSY FINOING
MEDI						RFORMED?	AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1 YES 2 NO
PHYSICIAN:		OSPITAL:		26. PLACE OF DEATH (C		)	
ВУ РНУ	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	26s. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	M 1 YES 2 NO	26d, DESCRIBE H	OW INJURY OCCUI	RED
	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY - building, etc. (Specif	у)		City or Town,	State)	Rural Route Number,
COMPLETE	(Check only one) 2 MEDICAL EXAMINER: 0			t the Hme, data and place, and do n my opinion, death occured at the	ne time, data and plac		
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER  30. NAME AND ADDRESS OF PERSON WHO CO	Jeult	emol	D 2	()3	29d. DATE S	SIGNED (Morith, Day, Year)
	Michael Leatherwo	ood Waldo	orf Medi	cal Park, W	aldorf 1	Md.	
	APR 0 9 90	32. REGISTRAR'S SIGNA	lson-Randelle	•			

APR 0 9 90

32. REGISTRAR'S SIGNATURE

Lulia Savidson Pandall

1	- 31415	STATE OF MARYLAND				MENTAL	. HYGIEN	E	0	1 1 6	12
_	REGISTRAR	С	ERTIFICAT	E OF D	EATH		REG. NO				
ì	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE (	OF DEATN	AY_	YEAR	. TIME OF DEA	TN
	Rosalie J. Mi	.llar				Apri	16,	1990	1	5:48	рм
	4. SOCIAL SECURITY NUMBER 5.	. SEX 6. AGE (In yrs. ta	ist birthday)IF UNDE	R 1 YEAR IF	F UNDER 24 HRS.	7. DATE C			S. BIRTNPL	ACE (State or Fe	oreign
	213 OI 1333	□ M 2 X F 81			OURS MIN.	02-1	Day, Year)			land	
	9a. FACILITY NAME (If not institution, give street			Y, TOWN OR L	OCATION OF D	EATN		9c. COUN	TY OF DEA	TN	
8	Southern MD Hos	pital Center	r	Cl	inton			Pri	nce	Georg	e's
FUNERAL DIRECTOR	RESIDENCE OF DECEDENT										
2	10a. STATE 10b. COUNTY		10c. CITY, TOWN	OR LOCATION	l .				1	Od. INSIDE CITY	r
ā	Maryland Prince	George's	Clinto	n					1	YES 2 X	NO
4	10e. STREET AND NUMBER				P CODE			10g. CITI2	EN OF WN	AT COUNTRY?	
8	7520 Surratts Ro	had			20735				II 9	7 A	
ž I		2. WAS DECEDENT EVER IN U.S. A	RMEO 13	WAS DECENO	DENT OF NISPA	NIC OBIGIN	? (Specify Ver	or No	V	- American Indi	len
BY FL	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES 2 X	NO	If yes, specify 1 YES 2	y Cuban, Maxic	an, Puerto R	ican, etc.)		Black, Specify:	White, etc.	
ا و	15. DECEDENT'S EDUCAT	ION 18a. D	ECEDENT'S USUAL (	OCCUPATION		16b	KIND OF BU	SINESS/INDI	ISTRY	WILLL	
COMPLETED	(Specify only highest grade con	mpleted) ((	Give kind of work done to be not be n	during most of	f working	1.55.					
ا ت	Elementary/Secondary (0-12)	College (1-4 or 5 +)									
E	12	IPos	st Mast			U		Gove	rnme	ent	
8	17. FATHER'S NAME (First, Middle, Last)			16	B. MOTHER'S N	AME (First, M	liddle, Maiden	Surneme)			
ш	Magruder Jameso	n			Kate	Llove	đ				
0	19a. INFORMANT'S NAME (Type/Print)	10	9b. MAILING ADDRES					m, Statu, Zip	Code)		
2	Thomas Glenn Mil	1ar 1	Rt. 2 Box	220	1.La	Dlat.	o M.	rv1a		20646	
- 1			OF DISPOSITION (A					CATION (			
	20a METNOD OF DISPOSITION 1 X Burlel 2 Cremation 3 Remova	i from State other p	place)		,,,						-
	4 Donation 5 Other (Specify)	2 (1010	Durham	Chur	ch Cer	metei	cy Ir	ons1	des,	Mary	Lan
	21. SIGNATURE OF FUNERAL SERVICE LICEN	though to	- Δ <sup>22</sup>	rahar	t Fun	ACILITY	Home	Tm			
	Nowed C	chalt!			ata,						
	23. PART I. Enter the diseases, Dr com	nnlingtions that assess the d								I Annanie	
		it only one cause on each lin		A mode	or dying, su	on as card	isc or reap	iratory arm	est,	Approxim	
- 1	IMMEDIATE CAUSE (Final	11	0-1	1	1	-				Onset an	d Death
i ii	resulting in death)	11/10,5-91	5/2	MU	10/10	15/1/	1				
	resolving in death)	A DUE TO (OR AS A COMM	EQUENCE OFY	1	0 100	TINEY				1	
_		Mul Ail	10 112	10/4	7						
6	Sequentially list conditions,	BUE TO OR AS A DON'T	Conflict OF:	100	MU	-	1			1	
<b>F</b> II	if any, leading to immediate cause. Enter UNDERLYING	MANDIN	· 0.80			w	HA				
2	CAUSE (Disease or injury	DUE TO TOR AS A CONS	WYNU	cons	The		. , ,			1	
CERTIFICATION	that initiated events resulting in death) LAST	DIVE SPIONALS A CONSE	The first of		7.12						
E 1	d.	neu	ceryn	970	117						
T. 15	PART II Other elegificant conditions of	nontelleuting to don't but out	requision in the c	and and all an a	<i>y v</i>	- Dead I			I am n		
╡║	PART II. Other significant conditions of	contributing to death but not	resulting in tha t	indanying c	ause given in	Part I.	24a. WAS AN PERFO			VERE AUTOPSY I WAILABLE PRIOF	
용내							1 YES	2 NO		COMPLETION OF OF DEATH?	CAUSE
									1	YES 2	NO
- 1										0 0	
¥ I	25. WAS CASE REFERRED TO MEDICAL			26 PLAC	E OF BEATH //	book note on	-1				
ᅙ	EXAMINER?	IOSPITAL:	OTHE		E OF DEATH (C	THECK OFFIN DEN	9)				
YS		☐ Inpatient 2 ☐ ER/Outpatient	3 DOA 4 N	ursing Home	5 Residence	8 🗆 Other	(Specify)				
PHYSICIAN: MEDICAL	27. MANNER OF DEATN	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c, INJURY WORK	Y AT	28d. DES	CRIBE NOW	INJURY OCC	URED		
	1 Natural S Pending Investigation		M	1 YES							
8	a Constant	28a. PLACE OF INJURY At h	nome, farm, street, fa	ctory, office		28f. LOC/	ATION (Street	and Number	or Rural Ro	ute Number,	
	4 Nomicide 8 Could not be determined	building, etc. (Specify)				City	or Town, State	)			
iii ii						1					
COMPLETED		N: To the best of my knowledge, o	death occurred at the	time, date and	d place, and du	ia to the cau	se(a) and ma	nner as stat	ed.		
8	anal .	On the basis of examination and/or	r investigation, in my	opinion, deati	h occured at th	e time, date	and place, a	nd due to th	o cause(a)	end manner as	stated.
	DO DIGNATURE AND TITLE OF CERTIFIER		A . 1	4 . In	9c. LICENSE NU	IMBED	- /	204 DATE	GIGNED "	Month, Day, Ybar,	1
8	10 0 5/11	13 11D 1	Henr	Luis "	A LIVER NO	. 211	621	AND DATE	11.	1 /	,
2	100	10/12	111000	Carrel 1	(X)	47	フィン		7/0	140	

DHMH-18 Rev 1/89

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DIRECTOR
FUNERAL
BY
COMPLETED
BE
5

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1. DECEDENT'S NAME (First, Middle, Last)			ICATE OF			NO.			
					2. DATE OF DEA	ГН		3. TIME OF DEATH	
KATHRYN EVE	NEWELL				MARCH 2	8. 199	YEAR	4:05 A M	
		AGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRT	Н		HPLACE (State or Foreign	
215-17-0510	1 🗆 M 2 🔀 F	O YRS.	MONTHS DAYS	HOURS MIN.	JUNE 18		Count	ry)	
9a. FACILITY NAME (If not institution, give stre	set and number)	8 THS.	DE CITY TOWN	OR LOCATION OF D			JNTY OF D	MD.	
					CAIN				
AT HOME, 15 BATES	ROAD		GREAT 1	<u> IILLS</u>		ST	. MA	RY'S CO.	
10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCA	ATION				10d. INSIDE CITY	
MD. ST. M	ARY'S CO.	G	REAT MII	LLS				LIMITS? 1 YES 2 XNO	
10e. STREET AND NUMBER			T	Of. ZIP CODE		10a CI	TIZEN OF I	WHAT COUNTRY?	
						109. 01			
15 BATES ROAD	12. WAS DECEDENT EV			20634			U.S		
1 X Never Married 2 Married	FORCES? 1	YES 2 NO	If yes, s	CENDENT OF HISPA pecify Cuban, Mexico	NIC ORIGIN? (Speci an, Puarto Rican, at	c.)	14. RACI	E — American Indian, ik, White, stc.	
3 Widowed 4 Divorced	IF YES, GIVE WAR	OR DATES	1 🗌 YE	S 250 NO Specif	fy:		Spec	ety: HITE	
15. DECEDENT'S EDUCA	TION	Ten Decements	USUAL OCCUPAT	1001		F BUSINESS/IN		ULIE	
(Specify only highest grade or	ompleted)	(Give kind of life. Do NOT u	work done during n	lost of working	10b, KIND O	F BUSINESS/IN	DUSTRY		
Elementary/Secondary (0-12) 3RD, GRADE	College (1-4 or 5+)	1	DENT		SC	HOOL			
		520							
17. FATHER'S NAME (First, Middle, Last)  KEITH CONRAD NE	WELL			HELEN	AME (First, Middle, M				
	*********				MARIE	GOECKE			
19a. INFORMANT'S NAME (Type/Print)				and Number or Rural					
KEITH C. NEWELL		15 B	ATES RD.	, GREAT	MILLS,	MD. 20	634		
20g METHOD OF DISPOSITION 1 X Burlel 2 Cremation 3 Remov	rel from State	20b. PLACE OF DISPO	SITION (Name of c	emetery, crematory or	20	c. LOCATION -	- City or To	own, State	
4 Donation 5 Other (Specify)		CHARLE	S MEMOR	IAL GARDE	INS	LEONAR	DTOW	N. MD.	
21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE			AND ADDRESS OF FA					
* michael of	Aland.	-0-)							
23. PART I/Enter the disesses, or co	molications that or	used the death. Do		BOX 270					
shock, or heart failure. Li	ist only one cause	on each line.	HOL SHEET (HS III	loce of dying, suc	on se cardiac of	respiratory a	Liest*	Approximate interval Between	
IMMEDIATE CAUSE (Final disesse or condition	C'	4	/			-		Onset and Death	
resulting in death)	)ee	yune	Cen	rale	· 5		7	-	
	OUE TO (OR	A CONSEQUENCE O	PF):		- ,	*	- )		
Sequentially list conditions, b.	a	AS A CONSEQUENCE O	14841	14×14	-1101	/		4	
If any, leading to immediate	DUE TO (OR	AS A CONSEQUENCE O	)F): //						
cause. Enter UNDERLYING	Enter UNDERLYING								
CAUSE (Disease or injury C.									
CAUSE (Disease or injury that initiated events	DUE TO (OR	AS A CONSEQUENCE O	PF):						
	DUE TO (OR	AS A CONSEQUENCE O	PF):						
that initiated events resulting in death) LAST						AC AN ALTONOO	, I a.,		
that initiated events	contributing to de	sth but not resulting			Part I. 24a, W	AS AN AUTOPSY	7 241	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
that initiated events resulting in death) LAST	contributing to de				Part I. 24a. W		7 241		
that initiated events resulting in death) LAST	contributing to de	sth but not resulting			Part I. 24a. W	RFORMED?	7 241	AVAILABLE PRIOR TO COMPLETION OF CAUSE	
that initiated events resulting in death) LAST	contributing to de	sth but not resulting			Part I. 24a. W	RFORMED?	7 24	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
that initiated events resulting in death) LAST  DART II. Other significant conditions  Level 1  25. WAS CASE REFERRED TO MEDICAL	contributing to det	sth but not resulting	In the underlyi		1 Part i. 24a. W PE 1   1   Y	RFORMED?	241	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
that initiated events resulting in death) LAST  d.  PART II. Other significant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	contributing to de	sth but not resulting	In the underlyl	ng cause given in	1 Part i. 24a. W PE 1   1   Y	ERFORMED?	241	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
that initiated events resulting in death) LAST  d.  PART II. Other significant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	contributing to det  NOSPITAL:    Impetient 2   ER	sth but not resulting	26. OTHER:	ng cause given in	n Part I. 24a. W pt 1	ERFORMED?  SES 2 NO		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
that initiated events resulting in death) LAST  DART II. Other significant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural S Pending	contributing to det	sth but not resulting	26. OTHER: 4 \( \text{Nursing Ho} \)  ME OF 28c. II	ng cause given in	n Part I. 24a. W PE 1 V heck only one)	ERFORMED?  SES 2 NO		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
that initiated events resulting in death) LAST  DART II. Other significant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural S Pending Investigation	HOSPITAL: 1   Inpetient 2   ER   28e. PLACE OF INJ	VOutpetient 3 DOA URY 28b. Till NURY At home, farm,	OTHER: 4   Nursing Ho ME OF 28c. II JUHY M 1	PLACE OF OEATH (C) THE SA Residence JURY AT ORK? YES 2 NO	Part I. 24a, W PE 1   Y heck only one) 8   Other (Specification of the control of	PREPORMED?  PES 2 NO  NO  NO  NO  NO  NO  NO  NO  NO  NO	CCURED	ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
that initiated events resulting in death) LAST  DART II. Other significant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural S Pending	HOSPITAL:   linpatient 2   ER   26a. DATE OF INJ (Month, Day, 1	VOutpetient 3 DOA URY 28b. Till NURY At home, farm,	OTHER: 4   Nursing Ho ME OF 28c. II JUHY M 1	PLACE OF OEATH (C) THE SA Residence JURY AT ORK? YES 2 NO	n Part I. 24a. W PE 1 V heck only one)	PRES 2 NO  NO  NO  NO  NO  NO  NO  NO  NO  NO	CCURED	ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
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that initiated events resulting in death) LAST  d.  PART II. Other significant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 8 Pending Investigation  2 Accident   Suicide   Society Conditions   Could not be determined    29s. CERTIFIER (Check only) 1 CERTIFYING PHYSICI	Contributing to det  Contribut	U/Outpatient 3 DOA URY 28b. Tile (Specify) URIY At home, farm, (Specify)	26. OTHER: 4 Nursing Ho ME OF JUHY M 1 street, factory, off	PLACE OF OEATH (C)  PLACE	1 Part I. 24e. W PE 1 V 1 V 1 V 1 V 1 V 1 V 1 V 1 V 1 V 1	PRES 2 NO  Y)  HOW INJURY OF Street and Numb State)  Indicate the state of the stat	CCURED er or Rural	ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  Route Number,	
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	F	PIS	Mile.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical enginer much
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	TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by illuminated interior	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene pnor to burial, cremation, or minutes	Ξ

•	1 - STATE OF MARYLAN			HEALTH AND I	MENTAL HYGIEN	E	
	DECEDENT'S NAME (First, Middle, Last)     VIRGINIA S		OI		2. DATE OF DEATH DA	1990 YE	3. TIME OF DEATN 2:45 P. M
	4. SOCIAL SECURITY NUMBER 6. SEX 6. AGE (In your 167-05-6434 <b>№</b> D 1 □ M 2 😿 81	rs. lest birthday) YRS.	IF UNDER 1 YEA	IF UNDER 24 HRS.	7. DATE OF BIRTN (Month, Day, Year) May 19, 19	908 Pe	BIRTNPLACE (State or Foreign Country)
TOR	Memorial Hospital at Easton RESIDENCE OF DECEDENT			N OR LOCATION OF DE	EATH	ge. COUNTY	of DEATN  lbot
DIRECTOR	Maryland Talbot	-	y, town on Lo Bozman				10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	10e. STREET AND NUMBER   ASpen Cove	S. ARMED	13. WAS	101. ZIP CODE  21612 DECEMBENT OF HISPAN	NIC ORIGIN? (Specify Yee	U.S.A	A.  RACE — American Indian,
BY	1 Never Merried 2 Merried FORCES? 1 YES 2 37 Wildowed 4 Divorced FORCES? 1 YES, GIVE WAR OR DATE	3	If you	, specify Cuben, Mexica YES 2 NO Specifi	n, Puerto Ricen, etc.) y:		Specify: White
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  12  College (1-4 or 5+) 4	GAND KIND OF US (GAND KIND OF US IND. DO NOT US NUTSE	work done during se retired.)	ristered	Health		TRY
BE CON	17. FATHER'S NAME (First, Middle, Last) William Shook			18. MOTHER'S NA	ME (First, Middle, Melden nnie Shook		
101	190. INFORMANT'S NAME (Type/Print) Sara V. Otto	Asper	Cove	P.O. Box		n, Mary	yland 21612
	1  Buriel 2 Cremetion 3 Removal from State	tace of dispos for place) ee Cren	natory	f cemetery, crematory or  E AND ADDRESS OF FA	Clin		or Town, State Maryland
	Harrison E. Leonart	1	Har 312	rison E. S. Talbo	Leonard Fu t St. St. I	Michae.	ls, Maryland
	23. PART 1. Enter the diseases, or complications that caused it shock, or heart failure. List only one cause on esci IMMEDIATE CAUSE (Final disease or condition resulting in death)	all	ALC ALC ALC ALC ALC ALC ALC ALC	mode of dying, suc	fluid	ratory arrest	Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events			Udra	ana	pe,	yean
PHYSICIAN: MEDICAL CER	PART II. Other significant conditions contributing to beath but	not positifing	io the under	lying cause given in	Part I. 24a. WAS AN PERFOR	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO
SICIAN	25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1  YES 2 NO	ent 3 🗆 DOA	OTHER:	6. PLACE OF DEATH (C)			I
BY PHY	27. MANNER OF DEATN  1 Netural 5 Pending (Month, Day, Year)  2 Accident Investigation	28b. TIN	NE OF 280	INJURY AT WORK?	28d. DESCRIBE NOW	INJURY OCCUP	RED
	3 Suicide 6 Could not be 4 Homicide determined	At home, farm,	street, factory,	offica	281. LOCATION (Street City or Town, State)		Rural Route Number,
COMPLETED	29e. CERTIFIEN 1 CERTIFYING PHYSICIAN: To the best of my knowled (Check only) 2 MEDICAL EXAMINER: On the basic of examination a			on, death occured at the	time, date end place, er	nd due to the c	
3E	296. SIGNATURE AND TITLE OF CERTIFIER	0		29c. LICENSE NU	MBER	29d. DATE 8	IGNED (Month, Day Year)

R. Lane Wroth M.D. St. Michaels, Maryland 21663

31. DATE FILED (Month, Day, Volar)

APR 06 '90

Junia Servicion Juniose

DIVISION OF VIAL RECORDS, T.O. BOX 13146, BALLIMONE, MANILAND
TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARY			OF HEALTH		NTAL HYGIEN REG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, Last) W		livia V	Johns	son	2	DATE OF OEATH DA	75/90	3. TIME OF DEATH  1745P M		
	4. SOCIAL SECURITY NUMBER		(In yrs. lest birthday)	IF UNDER	TYEAR IF UNDER	24 HRS. 7.	DATE OF BIRTHS /	^	BIRTHPLACE (State or Foreign Country) 2 ryland		
		FACILITY NAME (if not institution, give street and number)					<u>0/д7/0</u> н	9c. COUNTY			
RO	University of Ma	ryland Hosp	pital		Baltimo	re		Baltimore City			
اظ	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY		10c, Cr	TY, TOWN O	R LOCATION				10d. INSIDE CITY		
DIRECTOR	Maryland Harfo	rd County		el Ai		LIMITS?					
	10e. STREET AND NUMBER			10f. ZIP CODE				10g. CITIZEN	OF WHAT COUNTRY?		
ER	301 Greenway		21014				U.S.A.				
BY FUNERAL						n, Mexican, I	ORIGIN? (Specify Yes Puarto Rican, etc.)	N? (Specify Yes or No— Rican, etc.)  14. RACE — American Indian, Black, Whita, etc. Specify: White			
E	15. DECEDENT'S EDUCA (Specify only highest grade of	ATION completed)	16a. DECEDENT	S USUAL OC	CUPATION luring most of world	10	16b. KIND OF BUS	SINESS/INDUST	RY		
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)		ewife			TT am	a la			
MP	17. FATHER'S NAME (First, Middle, Last)		nous	GM TT 6		HED'S NAME	(First, Middle, Malden	emaker			
ö	Charles Staun	ton Hawki	ins		5-2-2	Georg:			rwood		
TO BE	19a. INFORMANT'S NAME (Type/Print) Son	879-3672	19b. MAILIN	G ADDRESS	(Street and Number	or Rural Rou	nte Number, City or Tow	n, State, Zip Coo	ie)		
F	Mr. M. Carl Johns						Bel Air,				
	20a. METHOD OF DISPOSITION  1 Burlal 2 Cremation 3 Ramo 4 Donation 5 Other (Specify)	val from Stata	ob. PLACE OF DISPO other place) Centre Me	thodi	st Ceme	tery	For	est H1	ll. Marwland		
	21. SIGNATURE OF FUNERAL SERVICE LICE		V. Foster				TYFoster				
	- Chercuster			É	el Air.	Mary	way & Willand 2101	llams : 4	otreet		
	23. PART i. Enter the diseases, or co shock, or heart failure. L IMMEDIATE CAUSE (Final disease or condition	omplications that cause on	eech line.	not antar	the mode of dy	ing, such a	na cardlec or reap	iratory arreat	Approximate Interval Between Onset and Deeth		
_	reaulting in death)	at conditions, to immediate  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):						THOURS			
ATIO	Sequentially list conditions, If any, leeding to immediate cause. Enter UNDERLYING										
CERTIFICATION	CAUSE (Disease or Injury that Initiated events resulting in deeth) LAST	DUE TO (OR AS	A CONSEQUENCE	OF):							
	PART II. Other significant conditions	contributing to deeth	but not resulting	In the un	derlying cause	given in Pa	ert I. 24s. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS		
PHYSICIAN: MEDICAL	accelerated of		And in case of the last of the				PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE				
4ED							_		OF DEATH?  1 YES 2 NO		
ä											
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER	26. PLACE OF 1	DEATH (Check	k only one)				
IYS	1 YES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 ER/O		4 🗆 Nun	aling Home 5 R	- 1	Other (Specify)	INJURY OCCUR	ED.		
	1 Natural 5 Pending	(Month, Day, Year		NJURY M	WORK?		iou. Deponde 11011				
red BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide detarmined	Investigation   28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)   28f. LOCATION (Street and Number or Rural Floute Number, City or Town, State)						Rural Route Number,			
COMPLETED	Critical Orliny	CIAN: To the best of my kn	owledge, death occu	rred at the t	ime, date and place	e, and due to	the cause(a) and ma	nner as stated.	ause(a) and manner as stated.		
	29b. SIGNATURE AND TITLE OF CERTIFIER				29c 110	ENSE NUMB	FR	29d DATE SI	GNED (Month, Day, Year)		
BE (	& R Fore	rile DC	2		PA	05-0	05659-6	D 4/1	19/90		
임		COMPLETED CAUSE OF	DEATH (ITEM 27) (Ty	oe, Print)	RAI	מ נענד	es my	\			
		18.0.	MIEL	4	C>24/	(Check only one)    1					
	G.R. FRAILEY	32. REGISTRAR'S SI	MIER	455	BAL	17000	(2)				
	G.R. FRAILEY	32. REGISTRAR'S SI	MIEN GNATURE Davidson-V	fandale	SHE						
	G.R. FRAILEY	32. REGISTRAR'S SI  Gushi	MIEN GNATURE 2 Davidson-1	fandale	SAC				OHMH-16 Rev 1/8		

3. TIME OF OEATH

DHMH-16 Rev 1/89

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

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2. DATE OF DEATH MONTH Robert John Owens 4-2-90 3:57 PM 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthdey) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign DAYS HOURE 1 😡 M 2 🗌 F 68 166-18-5625 YRS June 22 1921 Penn. Pages 1, 2, 3 should 94 FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Bowie Health Center Bowie, Maryland Prince george's RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10a. STATE 10d. INSIDE CITY LIMITS? Prince george's Maryland Bowie 1 XYES 2 NO Dermit. 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 12609 Milstream Drive director, page 5 should be detached for use as the burial-transit 20715 United States after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMEO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 1 Married FORCES? 1 YES 2 NO If yea, specify Cuban, Mexican, Puerto Ricen, etc.) FYES, OIVE WAR OR DATES.
Yes 42-46 1 YES 2 NO Specify: Specify. BY 3 Widowed 4 Divorced White No 16a. DECEDENT'S USUAL OCCUPATION

\*\*Titus kind of work done during most of working COMPLETED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 10 Bookbinder U.S. Government 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) Ħ Unavailable Unavailable notified 19e, INFORMANT'S NAME (Type/Print) 19b. MAILING ADORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 0 12609 Milstream Drive Bowie Maryland 20715 Gloria Owens 90 20a. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION — City or Town, State must 20a. METHOD OF DISPOSITION

1 Burlel 2 Coremation 3 Removal from State

4 Donation 5 Other (Specify) Metropolitan Alexandria Virginia Crematory 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND AGORESS OF FACILITY the funeral Beall-Evans Funeral Home, P.A. pere varia 16000 Annapolis Rd. Bowie Md. medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, **Approximate** filled in by shock, or heert fellure. Liet only one ceuse on each line. Interval Between 50 Onset and Death **IMMEDIATE CAUSE (Fine)** the cremation, disease or condition DUE TO (OR AS A CONSEQUENCE OF): and completely fi burial, cremation resulting in death) event CINCOLOR YOTA TO KIT OF COLORA traumatic CERTIFICATION and Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF the attending physician ar Mental Hygiene prior to 1 If any, leading to immediate cause. Enter UNDERLYING OMMUNALA
OUE TO (OR AS A CONSEQUENCE OF): 8 certificate other CAUSE (Disease or Injury that initiated eventa reculting in death) LAST 0 death certificate has been signed by the attern the State Dept. of Health and Mental d, or Item 23 shows any Injury, PART II. Other significent conditions contributing to death but not regulting in the underlying ceuse, given in Pert I. 24e. WAS AN AUTOPSY 246. WERE AUTOPSY FINDINGS requires that the MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE 10 1 YES 2 NO 1 TYES 2 T NG PHYSICIAN: ME 25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 7 YES 2 NO 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 Inpatient 2 FR/Outp 3 🗆 DOA OR ATTENDING PHYSICIAN: 4 Nursing Home 5 Residence 8 Other (Specify) 28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCURED with t marked, 1 Natural 5 Pending Investigation 1 YES 2 NO After the BY 2 Accident 28e. PLACE OF INJURY — Al homa, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 60 DIRECTOR: A hours after d ED 8 Could not be 4 Homicide ET 29e. CERTIFIER 1 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(a) end menner as stated. TO THE HOSPITAL (
TO THE FUNERAL D
Se fled within 72 h
IMPORTANT: If it 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, date and place, end due to the cause(e) and manner as stated. 296. SIGNATURE AND TITLE OF CENTIFIED 29d. DATE SIGNEO (Month, Day, Year) 29c. LICENSE NUMBER BE 081 un 9 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 30. NAME AND ADDRESS OF PERSON 14300 Gallent Fox Lane Bowie, Maryland 20715 Dr. Sudhakar Punja 31. DATE FILED (Month, Day, Year)

whia Davidson-Randoll

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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DIVISION	OR ATTENDING	THE ELINEDAL DIRECTION After this re-
	TO THE HOSPITAL	CHASOAL
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	FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND I	MENTAL	HYGIENE
•	REGISTRAR	CERTIFICATE OF DEATH		REG. NO.
_				

1. DECEDENT'S NAME (First, Middle, Last)  2. DATE OF DEATH MONTH DAY YEAR 3. TIME (												3. TIME OF DEATH			
1		PAUL O'NEAL											1 10 P M		
	4. SOCIAL SECURITY NUME		5. SEX	6. AGE (In yrs. les		IF UNDER	1 YEAR	HOURS	R 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		6. BIRTH	PLACE (State or Foreign		
	577-05-475	85				1001 05 01	11/26/04			ington, DC					
NG	99. FACILITY NAME (If not institution, give street end number)  PRINCE GEORGE HOSPITAL CENTER  90. CITY, TOWN OR LOCATION OF DEATH  CHEVERLY  PRINCE GEO														
5	RESIDENCE OF DEC	10b. COUNTY	,		T 40. OF	Z TOMBI C									
FUNERAL DIRECTOR	Maryland												10d. INSIDE CITY LIMITS? 1 YES 2 NO		
A	10e. STREET AND NUMBER	E		10g. CI	TIZEN OF W	HAT COUNTRY?									
E L	2807 Phelp	s Aven							747			U.S.	Α.		
BY FU	11. MARITAL STATUS  1 Never Merried 2 3 Widowed 4 Divo		12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2 X	IMED NO		If yee, e	CENDENT pecify Cub is 2 X NO	en, Mexica	NC ORIGIN? (Specify V in, Puerto Ricen, etc.) /:	ee or No—	14. RACE Black Specif			
	41	EDENT'S EDU	CATION	16e, DE	CEDENT'S	USUAL O	CCUPAT	ION		16b, KIND OF B	ISINESS/IN	IDUSTRY	White		
	(Specify only Elementary/Secondary (0	y highest grade	completed) College (1-4 or 5	(G	live kind of v Do NOT us	vork done			ing	1000 1000 00	50111250711				
COMPLETED	9		None		chini	st				Balluff	Mani	Eactu	ring Company		
5	17. FATHER'S NAME (First, M	liddie, Last)						18. MOT	THER'S NA	ME (First, Middle, Maide					
BE	George Rob		Neal							bertta Ho					
0	190. INFORMANT'S NAME (1			100						Route Number, City or To					
	Robert A.			20b. PLACE						Thurmon		ryla			
	1 Valuriel 2 Cremetic	on 3 Rem	oval from State	other pl	ace)								Maryland		
	21. SIGNATURE OF FUNERA			- PE.	Linc	22,	NAME /	erery	ESS OF FA	CILITY	LCIILV	neral Home, PA			
	* Mai	LM	Bul	Λ		4	ran 739	CIS (	asch	's Sons F	unera	al Hor	me, PA , MD 20781		
	23. PART I. Enjoy the d	Iseeses, or o	complications the	t coused the de	eath. Do n								Approximats		
Due to (or as a consequence of):  Sequentielly list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  Due to (or as a consequence of):  Carcinema of Bladder old  Due to (or as a consequence of):  Carcinema of Bladder old  Due to (or as a consequence of):  Carcinema of Bladder old  Due to (or as a consequence of):  Carcinema of Bladder old  Due to (or as a consequence of):  Carcinema of Bladder old  Due to (or as a consequence of):  Carcinema of Bladder old  Due to (or as a consequence of):  Carcinema of Bladder old  Due to (or as a consequence of):  Carcinema of Bladder old  Due to (or as a consequence of):  Carcinema of Bladder old  Due to (or as a consequence of):  Carcinema of Bladder old  Due to (or as a consequence of):  Carcinema of Bladder old  Due to (or as a consequence of):  Carcinema of Bladder old  Due to (or as a consequence of):  Carcinema of Bladder old  Carcinema of Bladder old  Carcinema of Bladder old  Due to (or as a consequence of):  Carcinema of Bladder old  Carcinema of Bladder old  Carcinema of Bladder old  Due to (or as a consequence of):  Carcinema of Bladder old  Carcinema of Bladder old  Carcinema of Bladder old  Carcinema of Bladder old  Due to (or as a consequence of):  Carcinema of Bladder old  Carcinema of Bladder old  Carcinema of Bladder old  Due to (or as a consequence of):  Carcinema of Bladder old  Due to (or as a consequence of):  Carcinema of Bladder old  Due to (or as a consequence of):  Carcinema of Bladder old  Due to (or as a consequence of):  Carcinema of Bladder old  Due to (or as a consequence of):  Carcinema of Bladder old  Due to (or as a consequence of):  Carcinema of Bladder old  Due to (or as a consequence of):  Carcinema of Bladder old  Due to (or as a consequence of):  Carcinema of Bladder old  Due to (or as a consequence of):  Carcinema of Bladder old  Due to (or as a consequence of):  Carcinema of Bladder old  Due to (or as a consequence of):  Carcinema of Bladder old  Du										. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE					
PHYSICIAN:	25. WAS CASE REFERRED T	O MEDICAL	00	Scar	-	00	10		C BA	quin Disco	S.C.				
200	EXAMINER?		HOSPITAL:	ER/Outpatient 3	DOA	OTHE	R:			6 Other (Specify)					
HY	27. MANNER OF DEATH		28e. DATE Of (Month, E	INJURY	26b. TIM		28c. II	NJURY AT		28d. DESCRIBE HOW	INJURY O	CCURED			
2		Pending Investigation	(			М		YES 2	□ NO						
	a Deviate —	Could not be determined	26e. PLACE ( building,	OF INJURY — At he atc. (Specify)	ome, ferm, :	street, fac	tory, off	lice		28t. LOCATION (Street City or Town, Stee		er or Rural F	Route Number,		
COMPLETED	condition only									to the cause(e) end m			and manner ee stated.		
TO BE	29b. SIGNATURE AND TITLE 30. NAME AND ADDRESS O	1508	hour	09	M 27) /kma	Delast)		280 110	CENSE NU	MBER DIO8	29d. D/	TE SIGNED	(Month, bey, Year)		
	THE PITO ADDRESS O	T ENSUR WA	O COMPLETED GAU	SE OF DEATH (IIE	m ar j (1970)	, crimi)									
	31 ADATE FILED (Month, Day,	Year) &	12 REGISTRA	Angell	-										
	WAS U S 20	1		-			_						DHMH-16 Rev 1/89		

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	1 - STATE REGISTRAR	STATE OF N		D / DEPAR Certifi					RENTAL	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Lest) MARG/	ARET LOUI	SE 0	FTEN					2. DATE O	F OEATH	19:	YEAR 3.	TIME OF DEATH
4	4. SOCIAL SECURITY NUMBER 220 58 1010	5. SEX 1  M 2  F	6. AGE (In yrs	s. last birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER HOURS	MIN.		F BIRTH Day, Year) 9 1900		6. BIRTHPL Country) MARYL	ACE (State or Foreign
OR	98. FACILITY NAME (If not institution, give street and number)  ALLEGANY CO NURSING HOME  96. COUNTY OF DEATH CUMBERLAND MD  96. COUNTY OF DEATH ALLEGANY												
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNT  MARYLAND  ALLEG				Y, TOWN O		ION					10	od. INSIDE CITY LIMITS?
	10a. STREET AND NUMBER			COL	IDEKI		ZIP CODE			_		EN OF WHA	T COUNTRY?
FUNERAL	11902 McMU			ADMED	Lan	W#0 DF0		21502		Consider Man		.S.A.	
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2	S 2 XNO If yes, specify Cuben, Mexican, P					, Puerto Ric		or No—	Black, V Specify:	American Indian, White, etc.
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Segondary (0-12)  College (1-4 or 5+)  16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) HOUSEKEEPER								16b. i	HOUSI	EKEEP		
BE COM	17. FATHER'S NAME (First, Middle, Last) CHRISTIAN DI	CK					18. MOTI	HER'S NAM	ME (First, MI SETH	ddle, Maiden HETRI	Sumame) CK		
TO B	19a. INFORMANT'S NAME (Type/Print) DOROTHY JOHNSON			196. MAJLING 11902									ND 21502
20a. METHOD OF DISPOSITION  1 X Burlal 2 Cremation 3 Removal from State  4 Donation 5 Other (Specify)  20b. PLACE OF DISPOSITION (Name of cometery, crematory or HILLCREST BURIAL PARK  20c. LOCATION — City or Town, State  CUMBERLAND, MARYLAND													
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	et		S	ILCO	X-MEI		r Fun	ERAL I		D MAR	RYLAND
	23. PART I. Entar tha diseasea, or complications that caused tha death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition reaulting in death)  But to (OR AS A CONSCOUENCE OF):										Intarval Batween		
CERTIFICATION	Sequantially list conditions, if any, laading to immadiate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated avents resulting in death) LAST	c		NSEQUENCE O							-		
PHYSICIAN: MEDICAL C	PART II. Other algorificant condition	_	death but r	N-100	in the u	ndertyin	g cause	given in i		24a. WAS AN PERFOR 1 YES 2	MED?	C	VERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  YES 2 NO
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:	ED/Outratio	a 2   DOA	OTHE	R:			eck only one				
PHYS	27. MANNER OF DEATH	28a. DATE OF	INJURY	28b. TIN	E OF JURY	28c. IN.	URY AT		6 Other	(Specify)	NJURY OCC	UREO	
ED BY	2 Accident investigation 3 Suicide 8 Could not be 4 Homicide detarmined	26a. PLACE ( building	OF INJURY — i etc. (Specify)	At home, farm,	M street, fec		YES 2 [	_ NO		TION (Street : Town, State)		or Rural Rou	rte Number,
COMPLET	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	_											and manner as stated.
B	295. SIGNATURE AND TITLE OF CENTIFE		9					ENSE NUN					Honth, Day, Year)
2	30. NAME AND ADDRESS OF PERSON W	HO COMPLETEO CAL	SE OF DEATH	O I CAL	s, Print) BUIL[	DING			-	LAND	MD		
	31. DATE FILEO (Month, Day, Year)		AR'S SIGNATU										

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BALTISCHE MARYLAND 21203-3146	be retained by the hospital or attending phy-	The received the Schould be detached for use as the burn	mminer must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the Hospital or attending physic	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the attending physician and completely filled in by the attended for use as the burial has find within 72 hours after death with the State Deor, of Health and Mental Hydiene prior to burial, cremation, or remove.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

STATE O	F MARYLAND	/ DEPARTMENT	OF HEALTH	AND	MENTAL	HYGIENE
	C	ERTIFICATE	OF DEA	TH		REG. NO.

FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPARTM CERTIFICA	ENT OF HEALT		REG. NO.		
	erholteer			МО	TE OF DEATH DAY	90	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER  579-60-6581  98. FACILITY NAME (If not institution, given	1 🗆 M 2 🙀 F	96 YRS. MON	UNDER 1 YEAR IF UNITHS DAYS HOURS	8 - 4	TE OF BIRTN onth, Day, Year) 4 - 1893	Coun	YORK
MANOKIN MANOR			PRINCESS			SOMER	
10s. STATE 10b. COU			SALISBUF		I 100	CITIZEN OF	10d. INSIDE CITY LIMITS? 1 YES 2 NO WHAT COUNTRY?
JOHN B. PARS	ONS HOME			801	101		JS A
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EYER FORCES? 1 YES	8 2 NO		ıban, Mexican, Puer	GIN? (Specify Yes or N to Rican, atc.)	14. RAC Blac Spec	E — American Indian, ck, White, stc.
15. DECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12) 12 YEARS	DUCATION ade completed)  College (1-4 or 5 +)	rking	SOUNDUSTRY				
17. FATNER'S NAME (First, Middle, Last)		CLERK	18. M		at, Middle, Maiden Sume		
WYMAN	ALDUS	YOUNG		NORMAN			COOK
198. INFORMANT'S NAME (Type/Print)  JOHN DAVID OB	RERHOLIZER				lumber, City or Town, Sta LISBURY ,		21801
20a. METNOD OF DISPOSITION  1 Buriel 2/CyCremetion 3 R  4 Donation 5 Other (Specify)  21 SIGNATURE OF FUNERAL SERVICE	3/30/90 2	ob. PLACE OF DISPOSITION Of the Place) SALISBURY	N (Name of cemetery, o	crematory or		ON — City or 1	Town, State
21. SIGNATURE OF FUNERAL SERVICE		/			RAL HOME RD, SAL		RY, MD 21
Sequentielly list conditions, if any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS	Carles (Gas A CONSEQUENCE OF):  B A CONSEQUENCE OF):	t Gontrie	)			Onset and Dec
PART II. Other significent condit	tiona contributing to death	but not resulting in t	he underlying caus	se given in Part i	24e. WAS AN AUT PERFORMED 1 YES 2	25	ID. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION DF CAUSI OF DEATH?  1 YES 2 MO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	o	THEB:	F OEATH (Check only			
27. MANNER OF DEATN	1 Inpatient 2 ER/Or 28a. DATE OF INJUR (Month, Day, Year	Y 28b. TIME O	F 28c. INJURY AV		DESCRIBE NOW INJUI	RY OCCURED	
1 Pending 2 Accident Investigation 3 Suicide 8 Could not	28e. PLACE OF INJU building, etc. (S)	RY — At homs, farm, stree	M 1 TYES	28f, 1	LOCATION (Street and I City or Town, State)	Number or Rura	I Route Number,
(Oraca Oray	NYSICIAN: To the best of my kn						sist and manner se strice
29b. SIGNATURE AND TITLE OF CERT				LICENSE NUMBER			ED (Month, Day, Year)
25	Cumpo			P18.	250 1	3-	24-40
30. NAME AND ADORESS OF PERSON	WNO COMPLETED CAUSE OF	DEATH STEM OF ST. D.					

8. BIRTHPLACE (State or Foreign

NEW YORK

MONTGOMERY

USA

Specify:

14. RACE — American Indian, Black, White, etc.

12:00A.

10d. INSIDE CITY LIMITS?

1 YES 2 NO

WHITE

2090

Approximate Interval Between

Onset and Death

4. SOCIAL SECURITY NUMBER

IF UNDER 1 YEAR

DAYS

MONTHS

2. DATE OF DEATH

7. DATE OF BIRTH

MARCH

IF UNDER 24 HRS.

MIN.

HOURS

26, 1990 YEAR

PULVIRENTI

6. AGE (In yrs. last birthday)

5. SEX

Page 6 may be retained by the hospital or attending physicia

use as the

Pop

page 5 should be detached

funeral director.

death.

hours after

10

notified

9

must

examiner

medical

6

BALTIMORE, MARYLAND 21203-3146

filled in by the the cremation. completely executed within event, burial, traumatic and attending physician a mtal Hygiene prior to certificate be other 0 requires that the death signed by the atter Injury, shows any this certificate has by with the State Dept. OR ATTENDING PHYSICIAN: The law 23 Item 6 marked, After 1 69 L DIRECTOR: A hours after d 28 Hem THE HOSPITAL (
THE FUNERAL C HOSPITAL MPORTANT: II

PHYSICIAN:

BY

COMPLETED

BE

0

223

25. WAS CASE REFERRED TO MEDICAL

2116. SIGNATURE AND TIPLE OF CENTIFIER

31. DATE FILED (Month, Day, Joar)

inis

3'90

5 Pending

Investigation

determined

6 Could not be

HOSPITAL:

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print)

1510

1 | Inpetient 2 | ER/Outpetient 3 | DOA

Old

Kavidson

32. REGISTRAR'S SIGNATURE

28a. DATE OF INJURY

EYAMINER?

1 Natural

2 Accident

3 Suicide

4 Homicide

1 TES 2 TO NO

27. MANNER OF DEATH

24b. WERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 26d, DESCRIBE HOW INJURY OCCURED 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(e) and manner se stated. DHMH-16 Rev 1/89

1 YES 2 THO

26. PLACE OF DEATH (Check only one)

AN LICENSE NUMBER

Locker

ng Home 5 - Residence 6 - Other (Specify)

OTHER:

28c. INJURY AT WORK?

petu

1 YES 2 NO

26b. TIME OF

eter

altown

28a. PLACE DF INJURY — At home, farm, street, factory, office building, stc. (Specify)

bear

0

INJUR

REGISTRAR		CERTIFIC	ATE OF I	EATH	REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
Mary	Pr	osnak		1	AFri1 1	, 199	м М
SOCIAL SECURITY NUMBER		(In yrs. last birthday) F		F UNDER 24 HRS.	7. DATE OF BIRTH	8. B	HRTHPLACE (State or Foreign
15-52-2818		95 YRS. MO	NTHS DAYS	IOURS MIN.	(Month, Day, Year) Oct. 1,		Czechoslova
. FACILITY NAME (If not institution, give s		98	L CITY, TOWN OR	LOCATION OF DEA	ATH	9c, COUNTY	OF DEATH
lerridean Nurs	ing Center		Seve	cna Par	k	Ann	e Arundel
e. STATE 10b. COUNTY		10c. CITY, T	OWN OR LOCATIO				10d. INSIDE CITY LIMITS?
aryland Ann	e Arundel			la Park		40- 0171751	1 YES 2 NO
4 Truckhouse	Road		101. 2	21146		II S	OF WHAT COUNTRY?
MARITAL STATUS	12. WAS DECEDENT EVER I		13. WAS OECEN	DENT OF HISPANI	C ORIGIN? (Specify Yee o		RACE — American Indian, Black, White, etc.
Never Married 2 Merried Wildowed 4 Divorced	FORCES? 1 TYES		If yes, spec	fy-Guben, Mexican  NO Specify:	, Puerto Rican, etc.)		Black, White, etc. Specify: UCasian
15. DECEDENT'S EDU	CATION	16a. DECEDENT'S US	UAL OCCUPATION		16b. KIND OF BUSH		
(Specify only highest grade Elementary/Secondary (0-12)	Completed) College (1-4 or 5+)	(Give kind of work life. Do NOT use re	done during most kired.)	of working			
12+	(1-4 or 0 T)	Home	emaker		н	ome	
FATHER'S NAME (First, Middle, Last)				6. MOTHER'S NAM	IE (First, Middle, Maiden S		
Robert Panski				Mar			
I. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street and		Jule Number, City or Town,	State, Zip Cod	(e)
Dorothy Wisner	wski			Stree	A WAR THE TEN		, NY 11357
. METHOD OF DISPOSITION	20	b. PLACE OF DISPOSITI					or Town, State
Buriel 2 Cremation 3 Rem Donation 5 Other (Specify)	oval from State	St. Joh		meterv			Village, NY
BIGHATUBE OF FUNERAL SERVICE LE	CEMBER	200	22. NAME AND	ADDRESS OF FAC	ILITY		
Somm &	A Tooks	man					Ritchie Hw
1. PART I Enter the diseases, pr	1 years	INO.			k, Maryla		
equentially list conditions, any, leading to immediate suse. Enter UNDERLYING AUSE (Disease or injury net initiated events sesulting in death) LAST	bDUE TO (OR AS .	A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):	Meso				LABOUR
ART II. Other eignificent condition	melletro in	out not resulting in a	the underlying	cause given in I	PERFORM  1 TYES 2	ED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1 YES 2 NO
. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOODITA			CE OF DEATH (Che	ck only one)		
1 TES 2 NO	HOSPITAL: 1   Inpatient 2   ER/Out	patient 3 DOA 4	Nursing Hame	5 🗆 Residence	8 Other (Specify)		
MANNER OF DEATH  1. Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME C	Y WOR	TY AT C? S 2 NO	28d. DESCRIBE HOW IN	JURY OCCURE	ED
2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJUR building, etc. (Spe	Y — At home, farm, stre			281. LOCATION (Street en City or Town, State)	nd Number or R	tural Route Number,
enel	ICIAN: To the best of my know						use(e) end menner ee stated.
b. SIGNATURE AND TITLE OF CENTURE	William M	PATH OTEM 27 Garage		Dalo 7	BER 375	≥ H	SNED (Morith, Day, Year)
30. NAME AND ADDRESS OF PERSON W	15 ALTER CAUSE OF D			D263	75	► 4/	2/90

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retain	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 sh	
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SHYS	this o	within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to bunal, cremation, or removal.
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		FOR STATE REGISTRAR		STATE OF MA		D / DEPAF				MENTA	L HYGIEN			
- [		1. DECEDENT'S HAME (First, A	Middle, Last)							2. DATE	OF DEATH	AV-	VEAD :	3. TIME OF DEATH
		Lois Edna	Penn	ington						5		6 9	KEAR S	2:29pm
		4. SOCIAL SECURITY NUMBER 230-24-6016		5. SEX 6.	AGE (In yrs	s. last birthday) YRS.	MONTHS I	DAYS	IF UNDER 24 HRS. HOURS MIN.	(Mont	of BIRTH h, Day, Year) 2, 19		Country)	cace (State or Abraign
should		9e. FACILITY NAME (If not inst	titution, give st				96. CITY, T	OWN O	R LOCATION OF DE			9c. COUHT		
7 3	DIRECTOR	Frederick M		al Hospita	a1		Fre	ede	rick			Free	deri	ck
Pages 1,	EG	RESIDENCE OF DECE 10a. STATE	10b. COUNTY	,		10c. CIT	Y, TOWN OR	LOCAT	ЮН				1	IOd. INSIDE CITY
nit. Pag		Maryland	Fr	ederick			Frede:	_						LIMITS?
t per	RAL	10e. STREET AND NUMBER						101.	ZIP CODE					IAT COUHTRY?
ian. transi	FUNER	II-102 Wave	erly D	12. WAS DECEDENT E	VED IN II O	ADMED	12 14	S DEC	21701 EHDENT OF HISPAN	HC OBIGH	12 /Specific Var		S.A	- American Indian,
24 hours after death. Page 6 may be retained by the hospital or attending physician. filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, ion, or removal.  The medical examiner must be notified at once.	BY FU	1 Hever Merried 23 N 3 Wildowed 4 Divorce		FORCES? 1 IF YES, GIVE WAR	YES 2	NO	If y	es, spe		can, Puarto Rican, atc.) Black,				White, atc.
or attend use as	ETED	(Specify only		completed)	160	Give kind of	work done du	UPATIO	IN at of working	16b	. KIND OF BU	SINESS/IHDU	STRY	
ospital ched for	COMPLE	Elamentary/Secondary (0-1	12)	College (1-4 or 5+)			ekeepi	ng		Educational Institution				itutions
d be detach	ш	17. FATHER'S HAME (First, Middle, Last)  Verlin F. Clark  16. MOTHER'S NAME (First, Middle, Meiden Surneme)  Nancy C. Thomas												
5 should	TO B	19a. INFORMANT'S HAME (Type/Print)  19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code)  Charles K. Pennington  II-102 Waverly Drive, Frederick, Maryland 21701												
ay be		20a. METHOD OF DISPOSITIO	ON		20b. PL	ACE OF DISPO			netery, crematory or	110		CATION — CI	-	
e 6 ma ector, p must		1 St Burlel 2 Cremation 4 Donation 5 Other (		oval from Stata	oth	Lingar	ore C	eme	tery		Ur	nionvi	11e,	Maryland
death. Pag tuneral dir examiner		21. SIGNATURE OF FUHERAL	SERVICE LIC	CEHSEE			1		D ADDRESS OF FA					
r death he fune ai.		Kett h	mon	Roberson	_	M0070	6 Ke	ene 6 E	y & Basf ast Chur	ord ch S	PA Fur	neral rederi	Home	MD. 21701
d in by th or remove		23. PART I. Enter the dis		complications that of List only one cause										Approximete interval Between
y filled in the me		IMMEDIATE CAUSE (Fine												Onset and Deeth
within 24 npletely fills cremation, vent, the		disease or condition reaulting in death)	<b>+</b>	CARD	ONE	spina	Topy	0	PREST					
B 2 - 6	_	resulting in death)  a. CARDIONES & MATTERY AFACTION  DUE TO (OR AS A CONSEQUENCE OF):  MYO CARDIAL ENTARCTION												
8 0 5	Ŏ.	Sequentially list conditions, If any, leading to immediate												
leath certificate be attending physician mtal Hygiene prior by, or other traur	CERTIFICATION	cause. Entar UNDERLYIN	NG	a ATTHE	1050	10007	ne o	172	provingo	ma	R DIS	_		
ertificati ng phys giene p other	E	thet initiated events		DUE TO (O	DUE TO (OR AS A COHSEQUENCE OF):									
ath certification that the state of the stat	ER	resulting in death) LAST		d										-
Me de de	_	PART II. Other algnifican	nt condition	a contributing to de	eath but r	not reaulting	in the und	erlying	cause given in	Part I.	24a. WAS AN			WERE AUTOPSY FIHDINGS
that by by h an	SC	PERIFICA	m	Mescaran	0%	XEA SE					PERFO		1 4	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
w requires the been signed of, of Health and shows and	MEDICA	RENT	40	FFICE	rey									1 YES 2 NO
e law r has be Dept.	SICIAN:	25. WAS CASE REFERRED TO	MEDICAL					26 PI	ACE OF DEATH (Ch	ack only o	nel .			
SICIAN: The law certificate has the State Dep 1, or item 23	SICI	EXAMIHER?		HOSPITAL:	R/Outpatie	nt 3 🗆 DOA	OTHER:		e 5 🗆 Residence					
SICIA certifi th the	РНҮ	27. MANNER OF OEATH		26e. DATE OF IN (Month, Day,	JURY	26b. TII	-	8c. INJ	URY AT		SCRIBE HOW	IHJURY OCCL	PRED	
NG PHYS fler this c eath with marked,	BY F		Pending nvestigation	(Month, Day,	roury		М		rES 2 NO					
TTENDI TOR: A after d	60	3 Suicide 6 C	Could not be letermined	26a. PLACE OF I building, at		At homa, farm,	atreet, factor	y, offic	•		CATIOH (Street or Town, State		r Rural Ro	ute Number,
OR DIR	PLE	29a. CERTIFIER CERTI	FYIHG PHYS	ICIAN: To the best of m	y knowledg	e, death occur	red at the tim	e, data	end place, and dua	to the ca	use(a) end ma	inner ee state	d.	
HOSPITAL FUNERAL within 72 h	COMPLET	onel	CAL EXAMINE	R: On the basis of axe	mination an	d/or investigat	lon, In my opl	nlon, d	eath occured at the	time, det	a end placa, a	nd dua to the	cause(a)	and menner as stated.
TO THE HOSPITAL TO THE FUNERAL BE filed within 72 IMPORTANT: If	BE C	29b. SIGNATURE AND TITLE	OF CERTIFIE	Monds	~				29c. LICENSE NU			29d. DATE	SIGNED	Month, Day, Year)
E C C S	2	30. NAME AND ADDRESS OF					a Print¹		D-12	17/		7	16	170
		ArTHUR		MANNE CAUSE			e, Print)	L	- 21		D. 7	ned en	~ .	ma 2/701

G. MANACO, M.P.

Julia Navydson-Randelle

31. DATE FILED (Month, Day, Year)

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	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burlat, crematic	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 THE FUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely be filled within 72 hours after death with the State Dept. Of Health and Mental Hygiene prior to burlal, crematic IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumaltic event, the

RICHARD J.

31. DATE FILED (Month, Day Ser) 90

COLFER, MD

32. REGISTBAR'S SIGNATURE
Juna Davidson-Randoll

		FOR 1 - STATE REGISTRAR	STATE OF MARYL		TMENT OF		MENTAL HYGIEN REG. NO.	E	
		1. DECEOENT'S NAME (First, Middle, Last)	P:4				2. DATE OF DEATH MONTH DA	Y Y	S. TIME OF DEATH
	Ì	77.50	Vaut			1	4 5	90	J-pr M
1			~	In yrs. last birthday)  YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	201	BIRTHPLACE (State or Foreign
1		9e. FACILITY NAME (If not Institution, give street	t and poinber)	12:1	9b. CITY, TOWN	OR LOCATION OF DE	ATH	Bc. COUNTY	OF DEATH
	DIRECTOR	Believe 36 RESIDENCE OF DECEDENT	Lacy alx	lui BI	12	eme de	Gears	Neg	field
	S I	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCA	TION	-	-	10d. INSIDE CITY
- 1	E	MDHarf	ord	Нал	/re_de (	2raco			LIMITS?  VES 2 NO
		10s. STREET AND NUMBER	C/I U	1 114		H. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
- 1	FUNERAL	361 Congress Ave.				21078		USA	¥
- 1	3		2. WAS DECEDENT EVER IN	U.S. ARMED		CENDENT OF HISPAN	IIC ORIGIN? (Specify Yes		. RACE — American Indian, Black, White, etc.
	- 11	1 Naver Married 2 Married	FORCES? 1 YES			pecify Cuban, Maxica S 2 NO Specify			Specific
	BY	3 Wildowed 4 Divorced				^			White
	ETED	15. DECEDENT'S EDUCAT (Specify only highest grade cor		16a. DECEDENT'S (Give kind of v	vork done durina n	ION lost of working	16b. KIND OF BUS	SINESS/INDUS	TRY
- 1	9	Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT us					
9	COMPL	17. FATHER'S NAME (First, Middle, Last)		Manager	- main	-			ial Hospital
4 00	- 1	Charles Shure Pois	. +			2116	ME (First, Middle, Maiden	- 111	
ed a	BE	19a. INFORMANT'S NAME (Type/Print)	o I	10h MAII ING	ADDRESS (Street		Blanche Ja  Route Number, City or Town		orla)
틀	2	Nellie Crozier		2214.6.7.204700					_
8		20a. METHOD OF DISPOSITION	201			New Ca			y or Town, State
nust		1. Buriel 2 Cremetion 3 Remove 4 Donation 5 Other (Specify)	f from State	other place)					
101		21. SIGNATURE OF FUNERAL SERVICE LICEN		'II. EI III	Cemeter 22. NAME	ND ADDRESS OF FA		re de	Grace, MD
E		MA A.O. MA	+0.00 S	1 . 6			h Funeral		
9 6		my merecy 11	mener !	snam	123 9	S. Wash.	St. Havre	de Gr	race. MD 21078
edic	- 1	23. PART I. Enter the diseases, or con shock, or heart failure. Lis	nplications that cause it only one cause on e	tha daath. Do r sch ilna.	not sntar tha m	ods of dying, suc	h sa cardisc or respi	ratory arres	Interval Between
he m		IMMEDIATE CAUSE (Final disesse or condition	Jun	shat		! heed	,		Onset and Death
		resulting in dasth) s	of the same			- Ales			
or other traumatic event, the medical examiner must be notified at once.			DUE TO (OGMS )	CONSEQUENCE O	r):				
natic	o I	Sequantially list conditions, b.	DUE TO (OR AS A	CONSEQUENCE O	F):				
trau	Ä	If sny, lasding to immadiats cause. Entar UNDERLYING							
ther	프	CAUSE (Disease or injury that initiated events	OUE TO (OR AS A	CONSEQUENCE O	F):		-		
	ERTIFICATION	resulting in death) LAST			_				
njury.	$\overline{c}$	PART II. Other significant conditions of	contributing to death b	eut not zesultino	in the underlyi	na ceuse alven in	Part I. 24s. WAS AN	ALITOPSY	24b. WERE AUTOPSY FINDINGS
- 1	S						PERFOR	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
3 31	EDIC/		*****		-		1 YES 2	KNO	OF DEATH?
shows any	Σ								1 U YES 2 NO
8	AN	25. WAS CASE REFERRED TO MEDICAL			20	N ACE OF BEATH (C)			
Item	SICIAN:	EXAMINER?	IOSPITAL:		OTHER:	PLACE OF DEATH (Ch			
0	PHYS	1 YES 2 NO 1	28s. DATE OF INJURY	28b, TIN		me 5 Residence	28d, PESCRIBE HOW I	NJURY OCCU	RED /
marked,	ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)		JURY V	YES 2 NO	Shitgu	n uce	end of
.50		3 Suicide 8 Could not be	28e. PLACE OF INJURY building, etc. (Spe		street, factory, off	Ica	281. LOCATION (Street City or Town, State)		Rural Route Number
m 28	ETE	4 Thomicide determined	Hame				361 Car	gelle i	me not
ORTANT: If Item	COMPL	CONTROL CANAL	N: To the best of my know						ceuse(e) end manner as stated.
ANT	8	/				-			
E	띪	29b. SIGNATURE AND TITLE OF CERTIFIED	, degr	udEfin	LARGE	29c. LICENSE NUI	Old C	29d. DATE S	SIGNED (Month, Day, Year)

2013 Tey

and the state of t

3d. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Korell, MD
32. REGISTRAR'S SIGNATURE

Sulia Tavidson-Randall

Margarita A.
31. DATE FILED (Month, Day, Year)

DIVISION OF VITAL RECORDS, P.O. BOX 13146, TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 70 THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely be filted within 72 hours after clearb with the State Dept. of Health and Mental Hygiene prior to burial, crematel IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, til

BALTIMORE MARYLAND 21203-3146	NDING PHYSICIAN: The law requires that the death certificate be executed within 24 yours after death. Page 6	. After this certificate has been signed by the attending physician and completely filled in by the funeral directory and standard for use as the burlahransit permit. Pages 1, 2, 3 should be the first the State Brace of	
BALTIMORE	4 Hours after death. Page 6	illed in by the funeral directo	n, or removal.
ION OF VITAL RECORDS, P.O. BOX 13146,	ath certificate be executed within 2	: After this certificate has been signed by the attending physician and completely filled in by the funer	r death with the State Dept. Of regain and wenter trypene prior to builds, defination, of removes.
RECORDS,	nw requires that the de	s been signed by the a	2 shows any injury
ON OF VITAL	VDING PHYSICIAN: The la	After this certificate has	le marked or item?

	Item 2; G-662	; 4-16-90;	D.R.						JU	11224
	FOR STATE REGISTRAR	STATE OF I	MARYLAND / CE	DEPAR	RTMENT OF	HEALTH AND DEATH	MENTAL HYGIEN REG. NO			
	1. DECEDENT'S NAME (First, Middle,	-		-				AY Y		. TIME OF DEATH 3:20PM
1	Ka				r, Jr.		3 <del>-20</del> -90	Ta		
	214-42-4560	5. SEX 1 → M 2 → F	6. AGE (In yrs. less	YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	(Month, Day, Year)		Country)	ACE (State or Foreign
	9a. FACILITY NAME (If not institution,				9b. CITY, TOWN	OR LOCATION OF E	10-25-42 DEATH	9c. COUNTY		yland TH
DIRECTOR	6010 Parkway	Drive				urel		Prince Ge		
EG	10e. STATE 10b. CO			10c. CIT	Y, TOWN OR LOC	ATION			1	Od. INSIDE CITY LIMITS?
	Maryland Pr	ince Georg	es Co.	L	aurel				1	☐ YES 2 X NO
FUNERAL	10e. STREET AND NUMBER					Of. ZIP CODE			OF WH	AT COUNTRY?
Ä	6010 Parkway D					20707		USA		
BY FU	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	FORCES?	nt ever in U.S. Ari 1 Yes 2 X N War or dates		If yes,		ANIC ORIGIN? (Specify Ya an, Puerto Rican, etc.) #y:	a or No— 14	Black, \	White, etc. White
ED	15. OECEOENT'S (Specify only highest		16a. DE:	CEDENT'S	USUAL OCCUPA work done during	TION	16b. KIND OF BU	SINESS/INDUS	TRY	
91	Elementary/Secondary (0-12)	College (1-4 or 5	+) /// /// /// /// /// /// /// /// /// /	Do NOT u	se retired.)	nost or working				
COMPLETED	12	1	E	ngin	eer		Rail			
E CO	17. FATHER'S NAME (First, Middle, Las Karl Parker						ine L. Ambo			
9	194. INFORMANT'S NAME (Type/Print) Joan Parke		6	010	Parkway	and Number or Rura Drive	Laurel, Man	n, State, Zip Co	20	707
8	20e. METHOD OF DISPOSITION 1		20b. PLACE other pla	OF DISPO		torv		urel, i		
	21. SIGNATURE OF FUNERAL SERVICE				22. NAME	AND ADDRESS OF F	ACILITY		iai j	Tarra
1	200	1	عضاه	1			al Home, In Spring Road		el,M	d. 20707
	23. PART I. Enter the diseases shock, or heart fall	, or complications the			not enter the n	node of dying, su	ch as cardiac or resp	iratory arres	t,	Approximate Interval Between
	IMMEDIATE CAUSE (Final disease or condition	·	ssion asp		ia					Onset and Death
	resulting in death)		O (OR AS A CONSEC							
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	b	O (OR AS A CONSEC	QUENCE C	PF):					
FIC/	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	c. DUE TO	O (OR AS A CONSEC	QUENCE C	OF):					
CERT	resulting in death) LAST	d								
_	PART II. Other significant con-	ditions contributing to	o death but not r	resulting	in the underly	ing cause given i		N AUTOPSY		VERE AUTOPSY FINDINGS
Sic							XX YES	2   NO		OMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDICAL									X	YES 2 NO
IAN	25. WAS CASE REFERRED TO MEDIC	AL			26.	PLACE OF DEATH (	Check only one)			
Sic	EXAMINER?	HOSPITAL:	☐ ER/Outpatient 3	DOA	OTHER: 4 - Nursing H	ome <u>\${</u> X∰sidence	6 Other (Specify)			
	27. MANNER OF DEATH  1 Netural 5 Pending		Day, Year)	28b. Til	JURY	NJURY AT WORK?	Car fell			
) BY	2. Recident Investigat 3 Suicide 6 Could n	28e. PLACE	OF INJURY — At ho		street, factory, of	YES 2 WWX	28f. LOCATION (Street	and Number or	Rural Ro	ute Number,
ETE	4 Homicide determin		1	resid	dence		1			urel,Prince
COMPLETED	Criock Only						ue to the cause(s) and more time, data and place, a	enner as stated		
	205 SIGNATURE AND TITLE OF CIT					29c. LICENSE N				Month, Day, Year)
O BE	Mound !	me Vin	الل			OCME		▶ 3-	31-9	0
lane I	I ad water said appears or prope	IN WHO COMPLETED CAL								



DHMH-16 Rev 1/89

111 Penn Street Baltimore MD 21201

2, 16 J. H. J. P.

BALTIMORE, MARYLAN

untill-transit permit. Pages 1, 2, 3 should

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	FOR STATE REGISTRAR	STATE OF MARYL			HEALTH AND N	MENTAL HYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)	Paylo	V			2. DATE OF DEATH DAY  4 - 2	_ /990	
	The state of the s		In yrs. last birthday)	IF UNDER 1 YEAR		7. DATE OF BIRTH (Month, Day, Year)	8. BIR	THPLACE (State or Foreign
	228 42 2160	1 M 2 🗆 F	94 YRS.	MONTHS DAYS		3/25/96		issia
	9a. FACILITY NAME (If not institution, give atre	· ·		96. CITY, TOWI	OR LOCATION OF DEA	ATH	9c. COUNTY OF	DEATH
5	Holy Cross Hospit	:al		Silver	Spring		Montgo	mery
2	10a. STATE 10b. COUNTY		10c. CITY	, TOWN OR LOC	ATION			10d. INSIDE CITY
	Maryland Princ	ce George	Wes	t Hyatt	sville			LIMITS?
۲	10e. STREET AND NUMBER		1		101. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?
FUNERAL DIRECTOR	4910 Avondale R	load			20782		USA	
		12. WAS DECEDENT EVER IN FORCES? 1 YES			ECENDENT OF HISPANI specify Cuban, Maxican	IC ORIGIN? (Specify Yas , Puarto Rican, etc.)	or No- 14. RA Bit	CE - American Indian, ack, White, atc.
Ρ¥	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA			ES 2 NO Specify:		Sp	•c//y: White
	15. DECEDENT'S EDUCA	TION	16a. DECEDENT'S	USUAL OCCUPA	TION	16b. KIND OF BUS	INESS/INDUSTRY	
E	(Specify only highest grade co	College (1-4 or 5 +)	(Give kind of w life. Do NOT us	rork done during e retired.)	most of working			
AP.	1/12 4	Years	Engine	er		Shoreham	Hotel.	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NAM	AE (First, Middle, Maiden :	Surname)	1.
96	Gregory Payloy					Jushkin		
2	19a. INFORMANT'S NAME (Type/Print)		11100-0700			loute Number, City or Town		
	Paul L. Paulson	200			cometery, cremetory or	Silver S	pring, M	
ı	ty⊡ Burial 2 ☐ Cremation 3 ☐ Remov 4 ☐ Donation 5 ☐ Other (Specify)	rol from State	other place)					
	21. SIGNATURE OF FUNERAL SERVICE LICE		ly Trini	22. NAME	AND ADDRESS OF FAC	etery I J	ordanyi	11c N.Y.
	Middle & In	neld.			s/Rinaldi			
-	23. PART I. Entar tha diseeses, or co	emplications that cause	d the death. Do n			es cerdiac or respir		Approximate
	shock, or heart fallure. LI IMMEDIATE CAUSE (Final							Interval Between Onset and Death
	disesse or condition resulting in deeth) a.	Septice	mer					24hr
z		DUE TO (OR AS A	A CONSEQUENCE OF	F):				
CERTIFICATION	Sequentially list conditions, if any, landing to immediate	DUE TO (OR AS A	CONSEQUENCE OF	<b>7</b> :				
2	cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS	A CONSEQUENCE OF	5.				
	that initiated evants resulting in deeth) LAST	202 10 (0.1.7.0		,				!
5	a.							
Ä	PART II. Other significant conditions  Under the conditions		out not resulting		ing cause given in	Part I. 24a. WAS AN PERFOR		AWAILABLE PRIOR TO COMPLETION OF CAUSE
MEDIC		eugo -			Cloud	1 🗆 YES 2	□ NO	OF DEATH?
						-	Ì	1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	-/-		26	PLACE OF DEATH (Che	ack only one)		
SIC	EXAMINER?	HOSPITAL:	patient 3 DOA	OTHER:	ome 5 - Residence	6 Other (Specify)		
Ŧ	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	26b. TIM		INJURY AT WORK?	28d. DESCRIBE HOW II	NJURY OCCURED	
RY.	Natural 5 Pending 2 Accident Investigation				YES 2 NO	_		
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, atc. (Spe		street, factory, o	ffice	261. LOCATION (Street a City or Town, State)	and Number or Rur	al Route Number,
COMPLETED	one)	IAN: To the best of my know						
ᅙ		: On the basis of examination	on and/or investiganic	ж, ит ту орино				
O BE	296. SIGNATURE AND TITLE OF CENTIFIED  Mylou	Leve	W M	2	DOG6	7A	▶ H	(Morth, Day, Year)
F	30. NAME AND ADDRESS OF PERSON WHO MYRON L. L	ENKIN	A D	Print)	2309 WN	SHORE N	MARI	) RD
	31. DATE FILED (Month, Day, Year) ADD 04 '90	32. REGISTRAR'S SIGN	43 4					
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	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	In THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examin
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	1 - FOR STATE OF M	ARYLAND / DEPARTMENT CERTIFICATION	NT OF HEALTH AND I	MENTAL HYGIENI	E						
$\neg$	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH	Y YEA	3. TIME OF DEATH					
	LOIS JEAN PARRISH			March 27							
		A C MONTH	DER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. BI	RTHPLACE (State or Foreign untry)					
	160 20 5674 1□ № 2 🖾 🕫	OO YRS.		6-15-1923		hnstown Pa.					
BO	Doctor's Hospital  Doctor's Hospital  Doctor's Hospital  Doctor's Hospital  Doctor's Hospital  Doctor's Hospital  Doctor's Hospital  Doctor's Hospital  Doctor's Hospital										
5	TATE 10b. COUNTY	10e CITY TOW	N OR LOCATION			10d. INSIDE CITY					
FUNERAL DIRECTOR	Maryland Prince George's					LIMITS?					
A.	10e. STREET AND NUMBER	B   BOWIE	10f. ZIP CODE		10g. CITIZEN C	F WHAT COUNTRY?					
E	4312 Rockport Lane		20720		United	States					
5	11. MARITAL STATUS 1 Never Married 2 Married FORCES? 1	EVER IN U.S. ARMED 1	3. WAS DECENDENT OF HISPAI It yes, specify Cuben, Mexica		or No 14. R	ACE — American Indian, lack, White, etc.					
ВУ	3 Wildowed 4 Divorced IF YES, GIVE WI		1 TES 2 NO Specifi	y:		pecify:					
	15. DECEDENT'S EDUCATION	NO 18s. DECEDENT'S USUAL	OCCUPATION	NO 18b. KIND OF BUS		White					
E	(Specify only highest grade completed)  Elementary/Secondery (0-12)  College (1-4 or 5 +)		ne during most of working d.)								
COMPLETED	12	- Homemaker		Own Ho	me						
	17. FATHER'S NAME (First, Middle, Lest)		18. MOTHER'S NA Mary F	ME (First, Middle, Maiden	Sumame)						
BE	John Roberts  190. INFORMANT'S NAME (Type/Print)	405 MARINO 4000	Pld Fy F		- O-1- 7- O-1-						
2	Jo Ann Williams		kport Lane Bo			720					
	20s. METHOD OF DISPOSITION	20b. PLACE OF DISPOSITION	(Name of cemelary crematory or		CATION — City o	r Town, State					
	1 🔀 Buriel 2 🗆 Cremation 3 🗆 Removal from State 4 🗆 Donatton 8 🗀 Other (Specify)	Vista Memoria	al Gardens	Hi	leah, F	la. 33014					
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		2. NAME AND ADDRESS OF FA Beall-Evans	Gury Funeral Ho	ome. PA						
	Probert E. Evan	2 Pres				ryland 20715					
	23. PART I. Enter the diseases, or complications that shock, or heart failure. List only one cause	caused the death. Do not en	ter the mode of dying, euc	h as cerdiec or respi	ratory errest,	Approximate Interval Between					
			not with	01-							
	disease or condition a.	OR AS A CONSEQUENCE OF):	TO WILH	01/15-(1	+S'TAS	15					
_	- OFE	P VEIN 7	AROMBO P	HIERITI	0						
CERTIFICATION	Sequentially list conditions, if sny, leading to immediate										
S	CAUSE (Disease or later)	LMCNARY	BURDA?	M							
E	that initiated asserts	OR AS A CONSEQUENCE OF):	niA								
E	d	rogin (1-2)	7777 1 4			İ					
AL.	PART II. Other significent conditions contributing to	death but not resulting in the	underlying cause given in	Part I. 24a, WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO					
PHYSICIAN: MEDIC				1 YES 2	□ NO	COMPLETION OF CAUSE OF DEATH?					
M				_		1 YES 2 NO					
AN	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEATH (Ch	and and and							
SICI	EXAMINER? HOSPITAL:	ER/Outpetlant 3 DOA 4 D									
H	27. MANNER OF DEATH 28e. DATE OF	INJURY 28b, TIME OF	28c. INJURY AT	28d. DESCRIBE HOW I	NJURY OCCURE	D					
ВУР	1 Natural 8 Pending (Month, Da 2 Accident Investigation	ny, Year) INJURY M	WORK?								
	3 Suicide 8 Could not be 28e. PLACE Of building.	FINJURY — At home, farm, street, inc. (Specify)	actory, office	28t. LOCATION (Street of City or Town, State)		rel Route Number,					
E	4 Homicide determined										
COMPLETED	(Check only one)										
8	2 MEDICAL EXAMINER: On the basic of ex	amination end/or investigation, in m	ry opinion, death occured at the	time, date end place, en	d due to the ceu	se(s) and menner se stated.					
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	20	29c. LICENSE NU	MBER	29d. DATE SIG	NED (Month, Day, Year)					
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUS	EDF DEATH (ITEM 27) (Tona Delevi)	19190	7.(	F 3, 4	84-					
	V. JINGH	7209A HO	nover Pari	eway lo	reenled	et md 2-77.					
	0/ 100	r's signature									

1 - FOR STATE REGISTRAR

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OF VI	PHYSICIAN:
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	PITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours is
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31. DATE FILED (Month, Day, Year)

ADD 03 '90

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		ee	Parks							04		01	90	3:05A
	4. SOCIAL SECURITY NUM		5. SEX	6. AGE (In yrs. In		IF UNDER	1 YEAR DAYS	HOURS	R 24 HRS.	(Monti	OF BIRTH h, Day, Year)		Country	
	224-92-38		21.	9	8 YAS.	AL A1771	701101	OR LOCAT			-15-1		V 1 Y	ginia
CTOR	Hartley H			Цото										
	RESIDENCE OF DE		ursing	nome		PC	Pocomoke City Worcest						ster	
DIME	10e. STATE	10b. COUNT		T		TY, TOWN C								10d. INSIDE CITY
	Virginia		Accomac	K, Go.	1	Yew C	_					·		1 YES 2 NO
HAL	100. STREET AND NUMBER						10	of. ZIP COD	3415			11.15	S.A.	HAT COUNTRY?
UNEH	11. MARITAL STATUS		12. WAS DECEDED	NT EVER IN U.S. A	RMED	13.	WAS DE			NIC OBIGI	N? (Specify Ye			- American Indian,
10	1 Never Married 2 3 Wildowed 4 Div		FORCES?	YES 2 X	NO		If yes, sp		en, Mexica	n, Puerto	Rican, etc.)		Black	White, etc.
		CEDENT'S EDI			Give kind of	work done			ing	16b	. KIND OF BL	JSINESS/IND	USTRY	
L L	Elementary/Secondary	0-12)	College (1-4 or 5	+)	ouser	use retired.)					None			
L	5th. gr			n	ouser	ATTE		I		417.00				
E COMP	Darius Mil										Middle, Maider Hickm			
m	19a. INFORMANT'S NAME			1	Pb. MAILIN	G ADDRESS	3 (Street				ber, City or Tox	7.00	Code)	
2	Mr. Rober	t Parl	ks		New (	Churc	h, 1	VA 2	2341	5				
20e_METHOD OF DISPOS			movel from State	20b. PLACE	OF DISPO	SITION (Na	me of ce	emetery, cre	matory or			OCATION -		
	4 Donation 5 Othe	r (Specify)	Ison	Ceme					Ne	w Chu	rch,	VA		
- N	1 × 20 0	AL SERVICE L	CENSEE			22.	F	ox Fr	mera	al Ho		0.01	l. a	
	IMMEDIATE CAUSE (F	diseases, Or heart fallure	Top	use on each iin	10.	not enter	To The me	ox Fi	inera cance	vill	Le, VA	234 piratory arr		
ERTIFICATION	ahock, or IMMEDIATE CAUSE (F	diseases, or neart failure inai	complications the	at caused the duse on each line  SUDDE OF AS A CONST OF OR AS A CONST OF OR AS A CONST	EAJ	not enter	To the m	ox Free mper	inera cance ving, suc	al Ho	diac or resp	piratory arr		Approximate interval Betwee Onset and Deat
RTIF	shock, or IMMEDIATE CAUSE (F disease or condition resulting in death)  Sequentially list cond if any, leading to imm cause. Enter UNDERIL CAUSE (Disease or in that initiated events resulting in death) LA  PART II. Other signific	diseases, or neart failure inai tions, ediete fund ury st	a.  DUE TO  C.  DUE TO  DUE TO  DUE TO  DUE TO	CORONO CORAS A CONSI	EOUENCE (	not enter  Dew  DF):  A  DF):	the market RR	emper	inera cance ring, suc	al Hesvill	diac or resp	-5 Æ	est,	interval Betwee
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MEDICAL CERTIFI	ahock, or IMMEDIATE CAUSE (F disease or condition resulting in death)  Sequentially list cond if any, leeding to imm cause. Enter UNDERLY CAUSE (Disease or in that initieted events resulting in deeth) LA  PART II. Other significations.	diseases, or neart failure inai tions, ediete fund ury	DUE TO  DUE TO	CAROL O (OR AS A CONSI	E A DEOUENCE ( A D	not enter  DEP  OF):  OF):  OTHER	To the moderly in the modern i	emperode of dy	given in	Part I.	diac or responded to the second of the secon	-5 Æ	est,	interval Betwee Onset and Dear Onset and Dear Onset and Dear Onset and Dear Onset On
Y PHYSICIAN: MEDICAL CERTIFI	ahock, or IMMEDIATE CAUSE (F disease or condition reautiting in death)  Sequentially list condition if eny, leeding to immicause. Enter UNDERL' CAUSE (Disease or in that initiated events resulting in deeth) LA  PART II. Other significations are separated in the condition of the	diseases, or heart failure inai tiona, ediete (ING ury ST TO MEDICAL	complications the List only one case.  DUE TO DUE D	CAROL O (OR AS A CONSI	EDUENCE ( ACCEDUENCE DEPOPE	To the more than	emperode of dy	Inera	Part I.	diac or responded to the second of the secon	N AUTOPSY PRIMEU?	246	interval Betwee Onset and Dear Onset and Dear Onset and Dear Onset and Dear Onset and Dear Onset	
ED BY PHYSICIAN: MEDICAL CERTIFI	ahock, or IMMEDIATE CAUSE (F disease or condition reautiting in death)  Sequentially list condition if smy, leeding to immicause. Enter UNDERL' CAUSE (Disease or in that initiated events resulting in deeth) LA  PART II. Other significations of the condition of	diseases, or neart failure inai tions, ediete filing ury st ant condition to MEDICAL	DUE TO  DUE TO	O (OR AS A CONSI	PEDUENCE (A CEOUENCE (CEOUENCE ):  OF):  OTHER NUMPY M	The the modern the mod	ox Fi emper ode of dy  ACCY T	Inera	Part i.	24a. WAS APERFO	N AUTOPSY PRIMEO? 2 NO 7 INJURY OC	24b	were autopsy finding available prior to completion of cause of death?	
D BY PHYSICIAN: MEDICAL CERTIFI	ahock, or IMMEDIATE CAUSE (F disease or condition resulting in death)  Sequentially list cond if sny, leeding to imm cause. Enter UNDERL'CAUSE (Disease or in that initieted events resulting in deeth) LA  PART II. Other signific to the signific state of the signific state of the signific state of the signific state of the signific state of the signific state of the signific state of the signific state of the signific state of the signific state of the signific state of the significant state o	diseases, or neart failure inai tiona, ediete filiure inai tiona, ediete fi	Complications this. List only one case.  DUE TO DUE	CORONS O (OR AS A CONSI CORONS	PEOUENCE ( A CEOUENCE F):  OTHE  ANUME OF NJURY M, street, fac	The the months of the months o	emperiode of dy	given in	Part I.  Part I.  28d. DE  28f. LOC Chy	24a. WAS ALPERFO	IN AUTOPSY PRIMED? 2 NO 1 INJURY OC	24b  CUREO  or Aural i	were autopsy finding awaitable prior to Completion of Cause of Death?	

32. REGISTRAR'S SIGNATURE
Julia Davidson-Randall.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

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30X 13146, BALTIMORE, MARYLAND 21203-3146	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physicia	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-to be filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	r traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certifi	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi be filled within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal,	IMPORTANT: If them 28 is marked, or flem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - STATE REGISTRAR		SIAIE UF MA	CE	RTIF	ICATE				MENIAL	REG. N			
1. DECEDENT'S NAME (First,		real 6	PASK						2. DATE MONTH		DAY 19	YEAR	3. TIME OF DEATN 3/4 A M
4. SOCIAL SECURITY NUME			. AGE (In yrs. les		IF UNDER 1		IF UNDER		7. DATE	OF BIRTH		a. BIRTH	IPLACE (State or Foreign
N/A		1 💢 M 2 🗆 F	0	YRS.	MONTHS	DAYS	HOURS	70	AAR	Day, Year)	1990	MAI	RYLAND
9a. FACILITY NAME (If not in	stitution, give sti	reet and number)			9b. CITY,	TOWN O	R LOCATI	_				NTY OF D	EATN
NAVAL HOSE	PITAL				PAT	UXEI	T R	IVER			ST.	MARY	Z'S
RESIDENCE OF DEC	10b. COUNTY												
10a. STATE				10c. CIT	Y, TOWN OF							100	10d. INSIDE CITY LIMITS?
MARYLAND	ST.	MARY'S			LEXI	-							1 TYES 2 NO
10e. STREET AND NUMBER						- 20	ZIP COD				10g. CIT	IZEN OF V	WHAT COUNTRY?
2500C ASPE	IN WAY						2065					S.A.	
11. MARITAL STATUS  1 Never Married 2  3 Widowed 4 Divo		12. WAS DECEDENT FORCES? 1 [ IF YES, GIVE WAI	YES 2 N		- If	yes, spe		n, Mexic	NIC ORIGIN en, Puerto F fy:		Yes or No-		
	EDENT'S EDUC				USUAL OC			327	16b.	KIND OF E	USINESS/IN	DUSTRY	
Elementary/Secondary (f	y highest grade ( 3-12)	College (1-4 or 5+)	life.	Do NOT u	work done di se retired.)	uring mos	SE OF WORKS	ng					
0			1	N/A						n/	A		
17. FATHER'S NAME (First, M	Ilddle, Lest)	DACIMENTO					18. MOT	HER'S N	AME (First, A	Alddle, Maid	len Sumame)		
KURT PAT	RICK	PASKEWIC					CAI	ROL	LYNN	MRC	7.		
19a. INFORMANT'S NAME (	Type/Print)		190	b. MAILING	ADDRESS	(Street a	nd Numbe	r or Rural	Floute Numb	oer, City or 1	lown, State, Zi	Code)	
KURT PASKEW	IIC			25000	CASP	EN V	VAY.	LEX	INGTO	N PA	RK. MA	RYLA	ND 20653
20a. METNOD OF DISPOSIT	ION	own from State	20b. PLACE other pla	OF DISPO							LOCATION —		
4 Donation 5 Other			OUEEN		HEAVE	EN				GI	ENDAL	E_HE	IGHTS ILL
21. SIGNATURE OF FUNERA	L SERVICE LIC	ENSEE					D ADDRE						
Mucho	07	Landes	. 5										Œ, P.A.
23. PART L Enter the d	liseases or c			ath Do									Approximate
		List only one caus			not anter	tile IIIO	ua or uy	mig, au	on aa carc	nac or re-	opiiatory at	reat,	Interval Between
IMMEDIATE CAUSE (Findisease or condition	nai		,	a									Onset and Death
resulting in deeth)	<b>→</b>	. 10	SOMY DR AS A EDNSE										90mm
		DUE TO (C	OR AS A CONSE	OUENCE O	)F):								
Sequentially list condit	lons,	DUE TO (	OR AS A CONSE	DI IENCE O	IFI-								
If any, leeding to imme		300 10 (0	A A CONSE	JOEIVE O	, .								j
CAUSE (Disesse or injuthat initiated events		OUE TO (	OR AS A CONSE	DUENCE O	OF):								+
resulting in death) LAS	T.												
	-	3											+
PART II. Other significa							cause	given ir	Part I.		AN AUTOPSY	248	WERE AUTOPSY FINDINGS
	Prem	orrity,	TWIN	6cs	tenoL						2 <b>%</b> NO		COMPLETION OF CAUSE OF DEATH?
	Inn	allterna	Growth	R	etand	cho	-				/-		1 - YES 2 NO
									_				,
25. WAS CASE REFERRED T	TO MEDICAL					26. PL	ACE OF I	DEATN (C	heck only or	10)			
EXAMINER?		HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER		• 5 🗆 R	esidence	8 🗆 Othe	r (Specify)			
27. MANNER OF DEATN		28a. DATE OF I	NJURY	28b. TIR	WE OF	28c. INJ	URY AT				W INJURY O	CURED	<del></del>
	Pending Investigation	(Month, Day	1 A	IN	M		RK? YES 2	_ NO					
# Accident 3 Suicide	Could not be	28e. PLACE OF	INJURY - At he	me, farm,	atreet, facto	ory, offic	•					er or Rural	Ploute Number,
4 Homicide	determined	building, e	tc. (Specify)						City	or Town, St	ate)		
29a. CERTIFIER 1 CER	TIEVING PNYSI	CIAN: To the best of n	m. konudedne de	anth annua	and at the st	no data	and place	a and du		(2)		4-4	
(Check only													a) and manner so stated.
					only in my o	panoti, d				ond place.		-	
29b. SIGNATURE AND TITLE		-					0.	ENSE NU			29d. DA		D (Month, Day, Year)
30. NAME AND ADDRESS O	uchan	1 Iran	mo				13	66	00			4-1	-90
MILLA	E F	O COMPLETEO CAUSE  M D  32. REGISTRAR	VAVA	M 27) (Typ	e, Print)	741	P	Ten	ELIT	. 0 .	VEN.		
31. DATE FILED (Month, Day	Year)	32. REGISTRAF	S. SIGNATURE	70.	00_	70	-7	Jux	ENI	141	- 2/0		
APR C	3.'90	Cretic	Davidson	Marion	-								

DNMH-16 Rev 1/89

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within fours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiens prior to burlat, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

542

31. DATE FILES (Mp)th, Pay

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

WASHINGPON

RD

32. REGISTRAR'S SIGNATURE
Julia Daydson-Randall

	FOR STATE REGISTRAR	STATE OF MA	RYLAND / DEPA CERTII						YGIEN	E	) (	1126
	1. DECEDENT'S NAME (First, Middle, Last) FLOSSIE	E. PACK	es .				- 1	April	DA		VEAS	TIME OF DEATH
		□ M 2 🗸 F	AGE (In yrs. last birthday	MONTHS	DAYS	HOURS HOURS	24 HRS. 7	Month, Darch	BIRTH ay, Year)	921	8. BIRTHPLA Country)  Ralt	
DIRECTOR	Kaufman Care Ho			90. СП			ndsor				arroll	
L DIRE	Md. Bal.	timore	10c. C	Re:	iste	TION CS TOW I. ZIP CODE				400 0171		LIMITS? YES 2 NO
FUNERAL	14002 Hanover Ro	ad			10		21136	5		log. Citia	US	
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 2 Wildowed 4 Divorced	2. WAS DECEDENT E FORCES? 1 U IF YES, GIVE WAR	YES 2 NO	13.	If yes, sp		F HISPANIC n, Maxican, Specify:			or No—	Black, Wi Specify:	American Indian, hita, atc.
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade cor Elementary/Secondary (0-12)  7 th Grade	riON mpleted) College (1-4 or 5+)	16e. DECEDENT (Give kind of life. Do NOT	S USUAL ( I work done use retired.)	during mo	ON ost of working	g	16b. KH	ND OF BUS	SINESS/IND	USTRY	
BE CON	17. FATHER'S NAME (First, Middle, Last)  Archibald C.	Blizzaro						illi	e l	lanse		
10	Mrs. Dorothy L. Ca	ple					d. Fi					
Ħ	20a. METHOD OF DISPOSITION 1X Buriet 2 Cremetion 3 Remove 4 Donation 5 Other (Specify)	-	20b. PLACE OF DISP other place) Mays	OSITION /A	lame of ce.	metery crem	astory or		20c. LO	CATION —	City or Town, Ville,	
	21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE Lin	?	22	. NAME A	ND ADDRES	ss of facil					stown Rd. Md. 21136
(	23. PART i. Enter the diseases, or conshock, or heart fellure. List  IMMEDIATE CAUSE (Final disease or condition resulting in death)	Caro	on each line.	Ry			ing, auch	as cardiad				Approximate interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	MALN DUE TO (OI	R AS A CONSEQUENCE R AS A CONSEQUENCE	OF):						190-99		
PHYSICIAN: MEDICAL (	PART II. Other significent conditions SPABOOMINAL TO SALMU	CONTRIBUTING to de AORAC 1 NEWA S	eath but not resulting Wevrysm	In the U	inderlyln	g cause g	olven in Pr		B. WAS AN PERFOR	0.	CO OF	RE AUTOPSY FINDINGS ULABLE PRIOR TO MPLETION OF CAUSE DEATH?  YES 2 NO
AN: N	SP BILATERAL											NIA
SICI		HOSPITAL:	R/Outpatient 3 🗆 DOA	OTHE	R:	11	EATH (Check		hac/h/)			
BY PHY	27. MANNER OF DEATH  1 Neture 5 Pending 2 Accident Investigation	28a. DATE OF IN (Month, Day)	JURY 28b. T	IME OF NJURY M	28c. IN-	JURY AT ORK? YES 2	2			NJURY OCC	CURED	
	3 Suicide 6 Could not be 4 Homicide detarmined	28a. PLACE OF II building, ato	NJURY — At home, farm L. (Specify)	, street, fa	ctory, offic	ca .	2		ON (Street a fown, State)		or Rural Rout	Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIA 2 MEDICAL EXAMINER:		knowledge, death occurrention and/or investigs									d manner as stated.
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	Galvin					3166			29d. DAT	E SIGNED (MG	onth, Day, Year)

WESTMINSPER

Mo

21157

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatte event, the medical examiner must be notified at once.

-	FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL	HYGIENE REG. NO.
. c	DECEDENT'S NAME (First, Middle, Last)		2. DATE O	F DEATH

	1 - STATE REGISTRAR	SIAIE UF I		CERTIF	ICATE	OF	DEAT	H	AICH IMI	REG. NO.	C		
	1. DECEDENT'S NAME (First, Middle, Last)			1						OF DEATH			3. TIME OF DEATH
	Delores Costella	Powel	1						Apri		1990.	YEAR	м
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.	last birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE	OF BIRTH	1770		PLACE (State or Foreign
	214-28-0211	1 🗌 M 2 💢 F	59	YRS.	MONTHS	DAYS	HOURS	MIN.	Feb.	24. 1	931	Country	
		Sa. FACILITY NAME (If not institution, give street and number)			9b. CITY,	TOWN 0	R LOCATIO	ON OF DE		24, 1		Mary INTY OF DE	
E E	Washington County		Посо	** o + 4					Wasi	hingt	on		
5	Washington County Hospital				Hage						mas.	nang c	OII
DIRECTOR	10a, STATE 10b, COUNTY			10c, CIT	Y, TOWN O	R LOCAT	ION						10d. INSIDE CITY LIMITS?
	Maryland Washington			Hag	erst								1 X YES 2 NO
ĭ.	10e. STREET AND NUMBER					101	ZIP CODE				10g. CIT	IZEN OF W	HAT COUNTRY?
FUNERAL	55 East Washington Street						2174					S.A.	
E	11. MARITAL STATUS  1 Never Married 2 Married		YES 2	NO						? (Specify Yes lican, etc.)	s or No—	14. RACE Black,	- American Indian, White, etc.
Β	3 Widowed 4 Divorced	IF YES, GIVE \	MAR OR DATES	X	1	☐ YES	2 📉 NO	Specify	<b>/</b> :			Specifi	
	15. OECEDENT'S EOU	CATION	16a.	OECEDENT'S	USUAL OC	CHPATIC	N.		16h	KIND OF BU	SINESS/IN	White	e
2	(Specify only highest grade completed) (Gh ille.  Elementary/Secondary (0-12) College (1-4 or 5+)				work done d se retired.)	luring mo	st of working	g	100	. KIND OF BO	3111237111	DOSTAT	
P	10	College (1-4 or 5	" H	omemal	cer								
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						16. MOTI	IER'S NA	ME (First, I	Alddle, Maiden	Surname)	- **	
	Charles Wi	llmer	1	Davis			Ros	io N	lae H	lod I			
BE	19a. INFORMANT'S NAME (Type/Print)	11101			ADDRESS	(Street a				per, City or Tow	n, State, Z	ip Code)	
2	Marie Myers			22-1 T	) App	1eto	n P1	200	Fre	deric	L M	arula	nd 21701
	20a. METHOD OF DISPOSITION		20b, PLA	CE OF DISPO						20c. LO	CATION -	- City or Tov	vn, Stata
	1 Burial 2 Cremation 3 Ram 4 Donation 5 Other (Specify)	oval from State	Other	r place)									
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	1.		22.1	NAME AN	D ADDRE	SS OF FA	CILITYMT	NNICH	FIINI	ERAL.	HOME
	* robert (	3 Ra	Men	_	41	5 E	. Wil	Lson	Blvc	1., Ha	gers	town,	Md. 21740
	23. PART I. Enter the diseases, pr	complications the	t caused the	death. Do	not anter	tha mo	da of dv	ing, suc	h as care	flac Dr reso	iratory a	rrest.	Approximate
	shock, or heert fellure.											10000	interval Between Onset and Death
	iMMEDIATE CAUSE (Finel disease or condition		PA	tall	. 1	12	M	2					bio a social
	disease or condition resulting in deeth)  DUE TO (OR AS A CONSEQUENCE OF):							1-0 1-0.2					
z		h.	se	m	Co	lon	ans	4	the	order	mi		In
은	Sequentially list conditions, if any, leading to immediate	DUE TO	(OR AS A CON	SEQUENCE C									
S	cause. Enter UNDERLYING CAUSE (Disease or injury	C											
Ë	that initiated events	DUE TO	(OR AS A CON	SEOUENCE C	NF):								i
CERTIFICATION	Todating in dutiny Exot	d											-
	PART II. Other significant condition	s contributing to	deeth but no	ot resulting	in the un	derlyin	g ceuse	given in	Part I.	24s. WAS AN		24b.	WERE AUTOPSY FINDINGS
S	seven eteri	15 D	inter	M	the K	Thy				PERFO			AVAILABLE PRIOR TO COMPLETION OF CAUSE
										1 [ 120 .			OF DEATH?
. N									_				
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL					26. PI	ACE OF D	EATH (Ch	eck only or	10)			
Sic	EXAMINER?	HOSPITAL:	ER/Outpatient	3 DOA	OTHER		ie 5 □ R	eldence	8 🗆 Othe	r (Specify)			
Ή	27. MANNER OF DEATH	28a. DATE DI	F INJURY Day, Year)	28b. TII	AE OF JURY	28c. INJ	URY AT		28d. DE	CRIBE HOW	INJURY O	CCURED	
ВУГ	1 Natural 5 Pending 2 Accident Investigation	(,	,,,		М		YES 2	NO					
	3 Suicide 8 Could not be	28e. PLACE obuilding	OF INJURY — At etc. (Specify)	t home, ferm,	street, facto	ory, offic	•			ATION (Street or Town, State		er or Rural R	loute Number,
COMPLETED	4 Homicide determined												
PLE	29a. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best o	f my knowledge	, death occur	red at the ti	me, data	and place	, and due	to the ca	use(a) and ma	nner as st	ated.	
<b>™</b>	one) 2 MEDICAL EXAMINI	ER: On the basis of	examination and	/or investigati	on, in my o	pinlon, c	leath occu	red at the	time, date	and place, a	nd due to	the cause(a)	) and manner as stated.
C	29b. SIGNATURE AND TITLE OF CERTIFIE						29c. LIC	ENSE NUI	MBER		29d. DA	TE SIGNED	(Month, Day, Year)
) BE	\	M-TON	M	0			D	80	19		•	4.4	.90
5	30. NAME AND ADDRESS OF PERSON WI			ITEM 27) (Typ	e, Print)		h						2.44
	VASANT DATE	A, MD	334	MIC	ر ح	-	114	LE	R2-51	, MN	MI	) 31,	1 40
	31. DATE FILEO (Month, Day, Year)	32. REGISTR	AR'S SIGNATUR	E				-	_				
	APR 4 '90	Stella	Davidson	-Handel	الم								

STATE OF MARYLAN	D / DEPARTMENT	OF HEALTH	AND	MENTAL	HYGIENE
	CERTIFICATE	OF DEA	TH		REG. NO.

	FOR STATE REGISTRAR	STATE OF MARYL		MENT OF H		TAL HYGIENI REG. NO.		0 11201
	1. OECEDENT'S NAME (First, Middle, Lest)	Joanna Dar	eos, PHOT	AKIS		ATE OF OEATH	v 9ª	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(in yrs. lest birthday)	IF UNDER 1 YEAR		ATE OF BIRTH		BIRTHPLACE (State or Foreign
	577-62-2585	1 🗌 M 2 🔀 F	74 YRS.	IONTHS DAYS	Ja	n. 6, 19	16 7	Country) Cexas
-	9a. FACILITY NAME (If not institution, give				R LOCATION OF OEATH		9c. COUNTY	
2013	Frederick Healt	n Care Center	c	Fre	ederick		Fre	ederick
	10a. STATE 10b. COUNT	ry	10c. CITY,	TOWN OR LOCAT	ION			10d. INSIDE CITY
- UIRE		ontgomery	R	ockvill				1X YES 2 NO
EHAL	10e. STREET AND NUMBER			101	ZIP CODE			OF WHAT COUNTRY?
	90 Monroe Stree				20851			J.S.A.
1 10	Never Merried 2 ☐ Merried     Widowed 4 ☒ Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 K NO	If yes, sp	ENDENT OF HISPANIC OF scify Cuban, Mexican, Pue 2 NO Specify:		or No— 14.	RACE — American Indian, Black, White, etc. Specify: White
	15. DECEDENT'S ED	UCATION	16a. OECEDENT'S U	CUAL OCCUPATIO	M. I	16b. KIND OF BUS	INESS (INDITES	
	(Specify only highest grad	le completed)	(Give kind of wo	rk done during mo	st of working	IOD. KIND OF BUS	ME35/INDUS	INV
- II	Elementary/Secondery (0-12) 0-8	College (1-4 or 5 +)	home	maker				
D D	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NAME (FI	irst, Middle, Melden	Sumame)	
	Pete	er John Dareo	s			Amanda		
2	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	AOORESS (Street a	nd Number or Rural Route	Number, City or Town	n, State, Zip Coo	de)
-	Mr. Daniel John	Anthony	Route	3, Box	171, Hager	stown, M	arylan	nd 21740
	20e. METHOD OF DISPOSITION 1 ☐ Burlal 2 ※ Cremation 3 ☐ Rer	noval from State	b. PLACE OF DISPOSI other place)	TION (Name of cer	netery, cremetory or			or Town, State
	4 Donation 6 Other (Specify)		Smithsbur					, Maryland
Ì	21. SIGNATURE OF FUNERAL SERVICE L	CENSEE	. //	22. NAME AN	ID ADDRESS OF FACILITY	MINNIC	H FUNE	ERAL HOME
	CONO!	1.00 mm	nch	415 E	ast Wilson	Blvd.,	Hagers	stown, MD 21740
	23. PART I. Enter the dissesses or ehock, or heert failure IMMEDIATE CAUSE (Finel dissess or condition resulting in death)	. List only one cause on a	each line.					Interval Between Onset and Death
_		ATTIE	2005 CLEN	orce	CAMPID VA	Sauce	-0110	200
HILICATION	Sequentially list conditions, if any, leading to immediate		A CONSEQUENCE OF)					
3	CAUSE (Disease or injury	e	A CONSEQUENCE OF	e		<del></del>		
=	that initieted events resulting in death) LAST	202 10 (011 110	A CONSECUENCE OF	•				<u> </u>
	L	d						
AL	PART II. Other significant condition				g cause given in Part	I. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
2		LEVE LEY				1 - YES 2	KNO	OF DEATH?
MEDIC		TES WELLIAMS						1 TES 2 NO
ž	CALA	sto vascue	on sec	LDENT				
HYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PI QTHER:	ACE OF OEATH (Check or	nly one)		
2	1 YES 2 NO	1 Inpatient 2 ER/Out	tpatient 3 DOA	4 Nursing Hon	e 5 🗆 Residence 6 🗆			
7	27. MANNER OF DEATH  1 Natural 5 Pending Investigation	(Month, Day, Year)	28b. TIME INJU		PURY AT 28d PRK? YES 2 NO	. OEŞCRIBE HOW I	NJURY OCCUR	REO
N S	2 Accident Investigation 3 Suicide 6 Could not be	28a PLACE OF INJUR	Y — At home, farm, st	reet, factory, offic	281.	LOCATION (Street of City or Town, State)	and Number or	Rural Route Number,
	4 Homicide determined	Surumy, etc. (Sp.	outy			City of lown, State)		
COMPLEIED	29a. CERTIFIER 1 CERTIFYING PHY	SICIAN: To the best of my know	wledge, death occurre	d at the time, date	end place, and due to th	e cause(a) end mer	nner as stated.	
S	one) —	IER: On the basic of examinati	on end/or investigation	, in my opinion, o	leath occured at the time,	date end place, en	d due to the c	cause(e) end menner ee stated.
	296. SIGNATURE AND TITLE OF CERTIFI	ER W	1		29c. LICENSE NUMBER			IGNED (Month, Day, Year)
O BE	Chika s	· /- That	mas		D-18	191	<b>&gt;</b> 4	4-8-90
-	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF D	EATH (ITEM 27) (Type,	Print) Lows	2 Johnson A	a. Fr	luil	AD, 21701
	31. DATE FILED (Month, Day, Year)	32. REGISTRARIE SIG	NATURE Davidson-R	indell				

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a curs after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach as the market of the funeral director, page 5 should be detach as the market of the funeral directors.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

O HEN ). 0

FOR 1 - STATE REGISTRAR	STATE OF M		DEPARTM		IEALTH AND		GIENE i. NO.	90	1123
1. OECEDENT'S NAME (First, Middle, Last		0				2. DATE OF DEA	TH	YEAR 3.	TIME OF DEATH
Komaine	Nmn	Pow	211			3	26	90	150 AM
4. SOCIAL SECURITY NUMBER	5. SEX 1  M 2 F	6. AGE (In yrs. les		UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRT (Month, Day, Y		Country)	CE (State or Foreign RYLAND
Pa. FACILITY NAME (If not institution, give Pleasant Livi)		Cente		1 4	R LOCATION OF OR			INTY OF DEATH	runde/
10e. STATE 10b. COUN	TY		10c. CITY, TO	OWN OR LOCA	TION			100	1. INSIDE CITY
MARYLAND ANN	E ARUNDEL		EDGEW	IATER				1[	YES 2 NO
10e. STREET AND NUMBER				10	I. ZIP CODE		10g. Ci1	IZEN OF WHAT	COUNTRY?
1612 WHITEFORD	PLACE			1 2	21037			U.S.A.	
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [ IF YES, GIVE WA	YES 2 VI	MED NO	if yes, sp	ENDENT OF HISPA ecify Cuban, Mexica 2 NO Specif	in, Puarto Rican, el		14. RACE — Black, Will Specify: BLAC	
18. OECEDENT'S EC (Specify only highest grade) Elementary/Secondary (0-12)		(G	CEDENT'S USI live kind of work Do NOT use re	done during me	ON ost of working	18b. KIND (	OF BUSINESS/IN	DUSTRY	
17. FATHER'S NAME (First, Middle, Lest) NEWTON SPRIGGS					18. MOTHER'S NA RACI	ME (First, Middle, A	feiden Sumame) WART		
19a. INFORMANT'S NAME (Type/Print)	· · · · · · · · · · · · · · · · · · ·	19	b. MAILING AD	DRESS (Street	and Number or Rural	Route Number, City	or Town, State, Zi	ip Code)	el-ire
ELLIOTT E. BROWN		1	L612 WF	IITEFO	RD PLACE	-			
20a. METHOD OF DISPOSITION  1 Surial 2 Cremation 3 Re 4 Donation 5 Other (Specify)	movel from State	HOP	OF DISPOSITION OF DISPOSITION	CHURCI	metery, cremetory or I CEMETER		DGEWATE	ER, MAF	RYLAND
21. BIGNATURE OF FUNERAL SERVICE	ROSE II	7			NO ADDRESS OF FA	021	WEST ST		APOLIS, MD
23. PART I. Enter the diseases, o ahock, or haart fallure IMMEDIATE CAUSE (Final	complications that List only one caus	se on aach line	h.	enter the mo	oda of dyling, aud	th as cardiac or			Approximate Interval Between Onset and Death
disease or condition resulting in death)	CARIS	10 Pul	wow.	my	ARNE	81			100000
resulting in casely	DUE TO (	OR AS A CONSE	OUENCE OF):	0					7418
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING	b	OR AS A CONSE	OUENCE OF):						
CAUSE (Disease or injury that initiated events resulting in death) LAST	OUE TO (	OR AS A CONSE	OUENCE OF):						
PART II. Other algorificant conditi	ona contributing to	death but not	reaulting in t	he underlyln	g cause given in	P	MAS AN AUTOPSY ERFORMED? YES 2 NO	AW/ CO OF	ERE AUTOPSY FINDINGS AILABLE PRIOR TO MPLETION OF CAUSE OBEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:	ER/Outpatient :		THER:	LACE OF DEATH (Ci		(f <sub>V</sub> )		
27. MANNER OF DEATH  1. Natural 5 Pending	28a. OATE OF (Month, Da	INJURY	28b. TIME O	F 28c. IN	JURY AT ORK? YES 2 NO		HOW INJURY O	CCURED	
2 Accident Investigation 3 Suicide 8 Could not b 4 Homicide determined	28e. PLACE OF	INJURY — At he	ome, farm, stre			281. LOCATION ( City or Town	(Street and Numb , State)	er or Rural Rout	e Number,
29a. CERTIFIER (Check only 1 CERTIFYING PHY	SICIAN: To the best of	my knowledge, d	eeth occurred o	of the time, dat	a and place, and du	to the cause(a) a	nd manner as at	ated.	

COMPLETED CAUSE OF DEATH (ITEM 27) (Typs, Print)

1833 POLSST

2	200	-6	
BALTIM	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a nours after death. Pag	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral dit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	WSI	is co	
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	THE	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the it be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	
	2	23	

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.
	1. DECEDENT'S NAME (First, Middle, Last)	2. DATE OF PEATH
	Emily Alverta Prout	03-26-90 - 115 P M
	4. SOCIAL SECURITY NUMBER 6. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.  MONTHS DAYS HOURS MIN.	7. DOTE C SIRTH . L SUATHPLACE (State or Foreign (Wonth) 'ey, Year)
1	218-12-9245 1 N 2 X 88 YRS.	04-22-01 Maryland
1	9a. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF	DEATH 9c. COUNTY OF DEATH
DIRECTOR	4841 S. Polling House Road Harwood	Anne Arundel
H N	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION	10d. INSIDE CITY LIMITS?
	MD Anne Arundel Harwood	1 ☐ YES 2 ☐ NO
FUNERAL	10e. STREET AND NUMBER 10f. ZIP CODE	10g. CITIZEN OF WHAT COUNTRY?
N.	4841 S. Polling House road 20776  11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEMBENT OF HISP	ANIC ORIGIN? (Specify Yea or No   14. RACE American Indian,
	1 Never Married 2 Married FORCES? 1 YES 2 NO If yes, specify Cuban, Maxi-	can, Puerto Rican, etc.) Biack, White, etc.,
Æ	3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 NO Specific No. Specific No	specity:
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working	16b. KIND OF BUSINESS/INDUSTRY
Ä	Elementary/Secondary (0-12) College (1-4 or 5+)	
W M	8th Housewife 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S P	Household  NAME (First, Middle, Maiden Surname)
BE (	Wallace Moreland  19a. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rure	rta Wilkerson al Route Number, City or Town, State, Zip Code)
2	Emilie Prout 4841 S. Polling He	ouse Road, Harwood, MD
5	20s. METHOD OF DISPOSITION (Name of complete Com	20c. LOCATION City or Town. State
	4 Donation 6 Other (Specify) Mt. Zion U.M. Cemete:	
		uneral Home P.A.
CYC		ille road, Galesville,MD
300	23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, st abook, or heart fallure. List only one cause on each line.	ch as cardiac or respiratory arrest, Approximate Interval Between
	IMMEDIATE CAUSE (Final disease or condition	T dinger e Onset and Death
	resulting in deeth)	Jayuar years
2 7	- ( dianged ostoparis	Telles Born
CERTIFICATION	Sequentially list conditions, If any, leading to immediate	
S	CAUSE (Disease or Injury	
	that initiated events resulting in death) LAST	
E E	L 4.	
AL	PART If Other aignificent conditions contributing to death but not resulting in the underlying cause given	In Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AMILABLE PRIOR TO
	Large right temporal	1 VES 2 NO COMPLETION OF CAUSE OF DEATH?
BY PHYSICIAN: MEDIC	1 Oligo denoro gigomo	1  YES 2 NO
AN.	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEADY	
PHYSICIAN: MEDICAL	EXAMINER?  1 YES 2 NO 1 Inpetient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence	
H Y	27. MANNER OF DEATH 28s. OATE OF INJURY 28b. TIME OF 28c. INJURY AT	28d. DESCRIBE HOW INJURY OCCURED
BY P	1 Netural 5 Pending (Month, Day, Year) INJURY WORK? 2 Accident Investigation	NO INSTER
	3 Suicide 6 Could not be 28s. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify)	281, LOCATION (Street and Number Rural Route Number, City or Town, State)
ETE	4   Homicide defarmined	
BE COMPLETED	29a. CERTIFIER  (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, dasth occurred at the time, data and place, and described one)  2 MEDICAL EXAMINER: On the bests of axemination and/or investigation, in my opinion, death occurred at the time, data and place, and described one)	
TO BE	296. LICENSE N	100 DATE SIONED (Morath, Day, 16ar)
Ĕ	30 MAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (1904 AND)	Md 1110
	31. DATE FILED (Moriti, Day, Year)  32. REGISTPAR'S SIGNATURE  MAR 2 9 1990 Julia Davidson Asindalis	110
	MAR 29 1990 Julia Pavidson Asnaces	
		DHMH-16 Rev 1/89

DHMH-16 Rev 1/89

21203-3146	al or attending physi-	for use as the buria		
BALTIMORE, MARYLAND 21203-3146	er death. Page 6 may be emel to be made and a second	he funeral director, page for a funeral direc	examiner must be neithed events	Appendix 1997
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be emitted to a stending physical phys	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page and the first thin the State Pent, of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be natural at once	

,	1 - STATE OF MA		ENT OF HEALTH AND	MENTAL HYGIENE REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH		3. TIME OF DEATH			
ľ	Mabel Estelle Page			March 28th		1542 p M			
ł		6. AGE (In yrs. lest birthday) Fu	NDER 1 YEAR IF UNDER 24 HRS.	7 DATE OF BIRTH	a Dip	THPLACE (State or Foreign			
	217-32-6299 1 D M 2 🕮 F	87 YRS.	THS DAYS HOURS MIN.	(Month, Dey, Year)	703 Ma	aryland			
ŀ	9a. FACILITY NAME (If not institution, give street and number)	9b.	CITY, TOWN OR LOCATION OF D		9c, COUNTY OF	DEATH			
۳.	Frederick Memorial Hospi	ital F	rederick		Fred	lerick			
5	RESIDENCE OF DECEDENT								
DIRECTOR	Maryland Frederick		WN OR LOCATION			10d. INSIDE CITY LIMITS? 1 PYES 2 NO			
	Maryland Frederick	Adams	10f. ZIP CODE						
FUNERAL			21710		U.S.A	WHAT COUNTRY?			
N.	2775 Washington Street  11. MARITAL STATUS  12. WAS DECEDENT	EVER IN U.S. ADVICE							
교	1 Never Married 2 Married FORCES? 1	EVER IN U.S. ARMEO YES 2 NO	13. WAS DECENDENT OF HISPAI If yes, specify Cuban, Mexico	in, Puerto Rican, etc.)	Bir	CE — American Indian, sck, White, atc.			
B⊀	3 Widowed 4 Divorced IF YES, GIVE WA	R OR DATES	1 TES 2 NO Specifi	y:	Sp	WHITE			
8	15. OECEOENT'S EQUCATION	16a. DECEDENT'S USUA	AL OCCUPATION	16b. KIND OF BUS	INESS/INDUSTRY				
ᇤ	(Specify only highest grade completed)  Elementary/Secondary (0-12) College (1-4 or 8 +)	Iffe. Do NOT use reti	lone during most of working ed.)						
Ž.	4	Home	maker	Home	2				
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)			ME (First, Middle, Maiden S					
<u> </u>	Joseph Henry Carey		01	lie May Fr	У				
靈	19a. INFORMANT'S NAME (Type/Print)		RESS (Street and Number or Rural			21710			
-	Mr. Walter G. Page		shington Stre						
	20s. HETHOD OF DISPOSITION 1.42-Surial 2 Cremation 3 Removal from State	other place)	N (Name of cometery, crematory or Vet Cemetery		CATION - City or	, Maryland			
	4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENSEE	Modific OII	22. NAME AND ADDRESS OF FA		EGGLICK	, maryrano			
	Keeney & Basford P.A. Funeral Home								
	merano C. may	M00255	106 East Chur	ch St., Fre	ederick	, Maryland 217			
	23. PART I. Enter the diseases, or complications that shock, or heart fellure. List only one caus		nter the mode of dying, suc	ch as cardiac or respir	ratory arrest,	Approximata Interval Between			
			C			Onset and Death			
	disease pr condition resulting in death)	STIVE ITER	HRT FAILUR	.6		2 days. Several yn.			
	IMMEDIATE CAUSE (Final disease or condition resulting in death)  a. CONGESTIVE HEART FAILURG 2-days.  DUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions  b. SUERE AORTIC STENOSIS  Several y								
8	Sequentially liet conditions,  DUE TO (OR AS A CONSEQUENCE OF):								
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	on as a consequence or):				<b>'</b>			
윤	CAUSE (Disease or injury that initiated events OUE TO (OR AS A CONSEQUENCE OF):								
E	resulting in death) LAST								
¥	PART II. Other eignificent conditions contributing to a Coronary artery D		e underlying cause given in	PERFOR	MED?	4b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO			
ă	Colonary arrest o	1 rease		1 TYES 2	1 ☐ YES 2 (NO OF DEATH?				
Σ		<u> </u>				1 TES 2 NO			
AN	25. WAS CASE REFERRED TO MEDICAL		26, PLACE OF DEATH (C	hant anti-anti-		IVIT			
PHYSICIAN: MEDICAL	EXAMINER? HOSPITAL:	ER/Outpatient 3 DOA 4	HER: Nursing Home 5 - Residence		and MD	M HACRITAN			
H K	27. MANNER OF DEATH 28a, DATE OF	INJURY 28b. TIME OF	28c, INJURY AT	28d. OESCRIBE HOW IP					
=	1 Natural 5 Pending (Month, De	y, Year) INJURY	WORK?	10	7				
8	2 Accident investigation / V 3 Suicide & Could not be 28e. PLACE OF	INJURY - At home, farm, street		28f. LOCATION (Street a	nd Number or Run	al Route Number,			
	4 Homicide detarmined building, a	Mc. (Specify)	A	City or Town, State)	NA				
COMPLETED	29s. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of i	my knowledge death occurred at	the time data and place, and du	to the sever(s) and man	nor on stated				
MP	(Check only one) 2 MEDICAL EXAMINER: On the basis of ax					e(s) and menner as stated.			
8	29b. SIGNATURE AND TITLE OF CERTIFIER		29c, LICENSE NU			ED (Month, Qay, Year)			
BE	STIMMIN)	Mn		063		29.90			
2	30. NAME PID AOORESS OF PERSON/WHO COMPLETED CAUS	E OF OEATH (FTEM 27) (Type, Prin				-1.10			
	Dr. Abdul Majeed MD			derick. Md	. 21701				
	31. DATE FILED (Month, Day, Year) 32. REGISTRAS	R'S SIGNATURE	, , ,						
	MAR 2.9 1990 Sulia Davido	on Bondall							

, , ,

as the burial-transit permit. Pages 1, 2, 3 should

ending physician. 03-3146

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained TO THE FUNERAL DIRECTIOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified.

6

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR CERTIFICATE OF DEATH REG. (	NO.
1. OECEDENT'S NAME (First, Middle, Lest)  2. DATE OF DEATH	
TILGHMAN SPENCE PLUMMER April	5. 1990 7:15 A M
4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In vrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH	8. BIRTHPLACE (State or Foreign
MONTHS DAYS HOURS MIN. (Month, Day, Year	r) Country)
213 30 0012 104 29	94 Maryland
9a. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATH	9c. COUNTY OF DEATH
Meridian Nursing Ctr-The Pines Easton	Talbot
RESIDENCE OF DECEDENT	
10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION	10d. INSIDE CITY LIMITS?
Maryland Talbot Easton	TY YES 2 NO
Meridian Nursing Ctr-The Pines Easton    RESIDENCE OF DECEDENT   106. COUNTY   106. CITY, TOWN OR LOCATION	10g. CITIZEN OF WHAT COUNTRY?
112 Bay Street 21601	U.S.A.
112 Bay Street 21601  11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify	
LL 1 Never Married 2 Married FORCES? 1 VES 2 NO If yes, specify Cubm, Mexican, Puerto Rican, etc.	Black, White, etc.
3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify:	Specify: White
16a. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5+)  6  17. FATHER'S NAME (First, Middle, Last)  16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  farmer  16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  16b. KIND OF	BUSINESS/INDUSTRY
Elementary/Secondary (0-12) College (1-4 or 5+) Inc. Do NOT use retired.)	
farmer agrid	culture
17. FATHER'S NAME (First, Middle, Last)  18. MOTHER'S NAME (First, Middle, Mai	iden Surname)
	Ce
10a INECIDINANT'S NAME (Funa/Drint) 10b MAII INC ATTIDECS (Street and Number of Brint Drints Number City of	
0	Control of the contro
MITIAM B. Saulsbury   Rt I Box 65, Easton MD	21601
20s. METHOD OF DISPOSITION 4/7/9 0 20s. PLACE OF DISPOSITION (Name of cemetery, crematory or other place)	LOCATION — City or Town, Stata
4 Donation s Other (Specify) Spring Hill Cemetery E.	aston, Maryland
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND AODRESS OF FACILITY	
M 1 1 0 Newnam Funeral Hom	ne
M. L. Dewrans III C.F.S.P. Newnam Funeral Home	
Newnam Funeral Home Easton, Maryland  23. PART I. Enter the diseases, Dr complications that caused the death. Do not enter the mode of dying, such as cardiac or re	eapiratory arrest, Approximate
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reshock, or heart fellure. Liet only one cause on each line.	
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72 hours after bearn with the state bept, or health and mental hygiene phot to burial, cremat	If item 28 is marked, or item 23 shows any injury, or other traumatic event,	
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-	FOR 1 - STATE REGISTRAR	STATE OF MARYLAN	D / DEPARTMENT OF I		AL HYGIENE REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Last)			2. DAT		3. TIME OF DEATH
	TAL MADGE	Talmadge E. Ph	nipps 7/4/009	MON		O 1-30 A M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In y	rs. last birthday) IF UNDER 1 YEAR	E OF BIRTH	BIRTHPLACE (State or Foreign	
	2304854//	1)XM2 🗆 F 3	YRS. MONTHS DAYS	HOOMS MIN.	11. Day, Year) 1-21-35	Country)
~	90. FACILITY NAME (If not institution, give a Howard Count	treet end number) Ly General Host	oital 96. CITY, TOWN	COlumbia	9c. COUN	Y OF DEATH Howard
DIRECTOR	RESIDENCE OF DECEDENT	My Gen. TIO	sp. Colu	mbla	10	werd
EC	10e. STATE 10b. COUNTY	1	10c. CITY, TOWN OR LOCA	TION		10d. INSIDE CITY
8	Md. Prin	ce George	Laure	Laur	el	LIMITS? 1 YES 2 NO
AL	10e. STREET AND NUMBER	Hammond Drive	. 10	. ZIP CODE	20723 10g. CITIZ	EN OF WHAT COUNTRY?
FUNERAL	10914 HEM	Hammond Drive	rve	20707	20,23	
2	11. MARITAL STATUS  1 Never Married 2 Merried	12. WAS DECEDENT EVER IN U. FORCES? 1 YES 2		ENDENT OF HISPANIC ORIG		14. RACE — American Indian, Black, White, etc.
87	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATE	S 1 TYES	2 NO Specify:		Specify: White
	15. DECEDENT'S EDU	CATION 16	A. DECEDENT'S USUAL OCCUPATION	DN 1	6b. KIND OF BUSINESS/INOL	ISTRY
	(Specify only highest grade Elementery/Secondary (0-12)	completed) College (1-4 or 5+)	(Give kind of work done during ma life. Do NOT use retired.)	st of working		
릴		3 years	DEpt of Defens	se	U.S. Go	vernment
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NAME (First		
BE (	K1 Kyle Phip	ps		Ethel Ph	ipps	
TO	190. INFORMANT'S NAME (Type/Print)		19b. MAILINO ADDRESS (Street			Code)
	Rodegic K Phipps		10914 Hammon			
	20e. METHOD OF DISPOSITION 1 D Burlel 2 X Cremation 3 D Rem	oval from State	LACE OF DISPOSITION (Name of ce ther place) Say Crematoy &		20c. LOCATION — C	
	4 Donation 8 Other (Specify)			ND ADDRESS OF FACILITY	Harrison	ourg.Virginia
	2	11+0			neral Home	inc
	Harry H	· Willer	4112	OLd Columbia	Pike Ellico	ott City Md
	23. PART I. Enter the diseases, or shock, or heart fellure.	complications that coused the	he deeth. Do not enter the mo	de of dying, auch ea ca	ardiec or respiratory arre	est, Approximeta
	IMMEDIATE CAUSE Finel					Onset end Death
	disease or condition resulting in death)	. HYPOTE	NSIVE SH	OCK CAR	DIAC ASYS	STOLE 14 HRS
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CERTIFICATION	Sequentially list conditions,	DUE TO (OR AS A CO	EFFU SION			
X	I IT ANY, leading to immediate III			2		į
F	tivet initiation ordina		S OF LIVE			
토	resulting in death) LAST	. CHRONIC	ALCOHOLI	SM		
	PART ii. Other eignificant condition				24a. WAS AN AUTOPSY	245, WERE AUTOPSY FINDINGS
MEDICAL	HYPOXEMIA		not recurring in the underlyin	g cacae given in rait i.	PERFORMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE
	CDA GULO PA	YIIV			1 TYES 2 NO	OF DEATH?
		ESTINAL	DIESTRIC			1 TYES 2 NO
A	25. WAS CASE REFERRED TO MEDICAL	ESTINAL		LACE OF DEATH (Check only	(one)	
PHYSICIAN:	EXAMINER?	HOSPITAL:	OTHER:	ne 5 Residence 6 🗆 Of		
H	27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIME OF 28c. IN	JURY AT 28d, E	DESCRIBE HOW INJURY OCC	URED
ВУ Р	1 Netural 5 Pending	(Month, Day, Year)		YES 2 NO		
	2 Accident investigation 3 Suicide 6 Could not be	28a. PLACE OF INJURY — building, etc. (Specify)	At home, farm, street, factory, offi	201. L	OCATION (Street and Number lity or Town, State)	or Rural Route Number,
TE	4 Homicide determined	(opcomy)			ny or fown, dealey	
PLE	29a. CERTIFIER (Check only 1 CERTIFYING PHYS	ICIAN: To the best of my knowled	ge, death occurred at the time, dat	end place, and due to the	cause(e) end manner as state	d.
COMPLETED	ann)	ER: On the basic of examination as	nd/or investigation, in my opinion,	death occured at the time, d	ate end place, and due to the	couse(a) end manner as stated.
ш	29b. SIGNATURE AND TITLE OF CERTIFIE	R		29c. LICENSE NUMBER	29d, DATE	SIGNED (Month, Day, Year)
00	Wishna P. K.	char.		D26826	► 0 z	3-28-90.
5	30. NAME AND A ODRESS OF PERSON WH	O COMPLETED CAUSE OF DEATH			1000	
	KRISHNA P.KL	MAR 6590	OLD WATERL	be RX EL	kkidge M	1021278
	US, S. Z. WWW. Garis ared 'I	32. REGISTRAN'S SIGNATU	Jan Bando Do	. 04 1		

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BALTIMORE, MARYLAND 21203-3146	HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within zx nours after death. Page 6 may be retained by the hospital or attending physician	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trainall as within 72 hours after death with the State Dept. of Reath and Mental Hyglene prior to burial, cremation, or removal.	FTANT: if Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	cate be	othysiciar e prior	er trau
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IMPORTANT:

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223

2. DATE OF DEATH MONTH 1 DECEDENT'S NAME (First Middle Last) 3. TIME OF DEATH VEAD **James** Vincent Ouaterolo 03 31 90 A SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In vrs. last hirthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7 DATE OF BIRTH 8. BIRTHPLACE (State or Foreign MONTHS DAYS HOURS 1 M 2 F 181-03-8895 88 12-11-01 Pennsylvania 9e. FACILITY NAME (If not institution, give street and number) 95 CITY TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Carroll County General Hospital Westminster Carroll County RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10b. COUNTY Maryland Carroll County Sykesville 1 TES 2 NO FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 784 Irongate Circle 21784 U.S.A. 11, MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, etc. FORCES? If yes, specify Cuban, Mexicon, Puerto Rican, atc.)

1 YES 2 NO Specify: 1 Never Merried 2 Merried IF YES, GIVE WAR OR DATES Specify: BY 3 ₩Idowed 4 Divorced White 16a. DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5 +) Insurance Agent Insurance Industry 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Melden Surneme) Nicholas Ouaterolo Philamena Beluzzi BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zio Code) 2 Marie Matewski 784 Irongate Circle Sykesville, MD 21784 20a. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION — City or Town, State Burlei 2 Cremation 3 Removal from State Our Lady of Mt. Carmel Cemetery Shenandoah, PA ☐ Donation 5 ☐ Other (Specify) 21 SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Haight Funeral Home (P.O. Box 195 Bream Sykesville, MD 21784 (301)-795-1400 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximate ahock, or heart failure. List only one cause Interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition resulting in death) Relicebolo Aughar CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUE If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other aignificent conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24a. WAS AN AUTOPSY PERFORMED? PHYSICIAN: MEDICAL 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO unkern cause novekca COMPLETION OF CAUSE 1 - YES 2 2 16 OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER: 1 YES 2 NO 1 | Inpetient 2 | ER/Outpetient 3 | DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28a, DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED INJURY 1 Natural 5 Pending М 1 YES 2 NO BY investigation 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) ED 8 Could not be determined 4 Homicide H 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner ee stated. COMPL (Check only one) 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner as stated. 196. SIGNATURE AND TITLE OF CENTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) BE Pattul 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) D20806 04-01-90 2 Dr. Patrick Turnes, M.D. 1425 Liberty Road Eldersburg, MD 21784 0

1 - FOR STATE REGISTRAR

1 2	1. DECEDENT'S NAME (First, Middle, Last	)						2. DATE OF MONTH	DEATH		YEAR 3.	TIME OF DEATH
	MICHAEL RING	SR.						04	0.2		90	6:23
	4. SOCIAL SECURITY NUMBER 228-18-6654	5. SEX 1 XM 2 F	8. AGE (In yrs. I	est birthday) YRS.	IF UNDER	DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF	BIRTH Day Year)	15	Country)	ACE (State or Foreign RYLAND
TOR	9a. FACILITY NAME (If not institution, give NORTH ARUNDEI		AL		9b. CITY,		OR LOCATION OF DI				NNE A	RUNDEL
DIRECT	RESIDENCE OF DECEDENT  10a. STATE  MARYLAND  A	ANNE ARUI	NDEL	10c. CIT	Y, TOWN O		LEN BUR	NIE			10	d. INSIDE CITY
뉟	10e. STREET AND NUMBER 7735 B & A BOT	JLEVARD				101	1. ZIP CODE 21061			100	10g. CITIZEN OF WHAT COUNTRY?  U.S.A.	
BY FUNER	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 25	ARMED	H	yes, sp	ENDENT OF NISPAI ecity Cuban, Maxica 2X NO Specif	n, Puerto Ric		or No—	14. RACE — Black, V Specify: WH	American Indian, thite, etc.
ETED.	15. DECEDENT'S ED (Specify only highest gra- Elementary/Secondary (0-12)	UCATION de completed) College (1-4 or 5 +		DECEDENT'S (Give kind of life. Do NOT u	work done a	CUPATIO	ON ost of working	16b. K	IND OF BUS	SINESS/INDI		
COMPL	12 17. FATHER'S NAME (First, Middle, Last)	100		PA	INTE	R	an Mozavenia ve			PBUI	LDING	3
BE CC	FRANK RING	3					18. MOTHER'S NA BARBA	RA RI	ING			
2	19a. INFORMANT'S NAME (Type/Print) BARBARA DASC	Н					and Number or Rural			n, State, Zip		21054
	20a_METHOD OF DISPOSITION: 1 ABurtal 2 Cremetton /2 Re 4 Donation 5 College (2009)	movat from State	20b. PLAC GLE	e of dispo	SITION (Ne)	CEN	metery, cremetory or ETERY			CATION — C		, Stata
	21. SIGNATURE OF FUNDMAN SERVICE	4	oufn	ren	RA	YMO	ND ADDRESS OF FA OND C. CRAIN H	FINK				
TIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	b. Car DUE TO C. Sef	OR AS A CONS	EDUENCE O	<i>YOU!</i> F):	lon,	, Arr	est	<u>.</u>			
ERTI	resulting in destill LAST	a Tey	death but no	1.ea		12	ones					1
MEDICAL C	PART II. Other algorificant conditions develor	one contributing to	gmon	d	In the un	derlyIn	g cause given in		4a. WAS AN PERFOR	RMED?	C	MILABLE PRIOR TO OMPLETION OF CA F DEATH?
MEDICAL C	/ //	ior Si	fmor	d	Rec	26. P	g cause given in	1	PERFOR	RMED?	C	MILABLE PRIOR TO OMPLETION OF CA F DEATH?
MEDICAL C	Low duter  25. WAS CASE REFERRED TO MEDICAL	HOSPITAL:	frnor	3 DOA	OTHER 4 Num	26. P	LACE OF DEATN (C)	eck only one)	PERFOR	RMED?	1 1	MILABLE PRIOR TO OMPLETION OF CA F DEATH?
0	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATN  1 Natural 5 Pending Investigation	HOSENTAL: HOSENTAL:	ER/Outpatient INJURY ay, Year)	3 DOA 28b, TIN	OTHER 4 Num	26. Pl: ing Hon 28c. IN. W	LACE OF DEATN (C) THE S Residence JURY AT THE SPIKY THE S 2 NO	8 Other (	PERFOR	NO NO	A C C O O I	MILABLE PRIOR TO OMPLETION OF CAF DEATH!
ETED BY PHYSICIAN: MEDICAL C	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	HOSPITAL: Tinpatient 2  28e. DATE OF (Month, D.) 28e. PLACE O	ER/Outpatient	3 DOA 28b, TIN	OTHER 4 Num	26. Pl: ing Hon 28c. IN. W	LACE OF DEATN (C) THE S Residence JURY AT THE SPIKY THE S 2 NO	8 Other (	PERFOR	NO NO NO NO NO NO NO NO NO NO NO NO NO N	A C C O O I	MILABLE PRIOR TO OMPLETION OF CA F DEATH!
MPLETED BY PHYSICIAN: MEDICAL C	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATN  1 Natural 5 Pending Investigation 3 Suicide 6 Could not b detarmined	HOSENTAL: Ver impatient 2  28s. DATE OF (Month), D. 28s. PLACE O building,	ER/Outpatient INJURY oy, Year) FINJURY — At etc. (Specify) my knowledge,	3 DOA 28b. Tiff IN home, farm,	OTHER 4   Nurs RE OF JURY M street, factored at the ti	26. Prising Hon 28c. IN, W(	LACE OF DEATN (C)  THE S Residence  JURY AT  JUR	8 Other ( 28d. DESCI 26f. LOCAT City or	PERFOR  YES 2  Specify)  RIBE HOW I  ION (Street Town, State)	NO NO NO NO NO NO NO NO NO NO NO NO NO N	CURED  Or Fural Rou	N/A  N/A
BE COMPLETED BY PHYSICIAN: MEDICAL C	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	HOSPITAL: The Inpatient 2 28a. DATE OF (Month, D. 28a. PLACE O building.  SICIAN: To the best of at the best of	ER/Outpatient INJURY oy, Year) FINJURY — At etc. (Specify) my knowledge,	3 DOA 28b. Tiff IN home, farm,	OTHER 4   Nurs RE OF JURY M street, factored at the ti	26. Prising Hon 28c. IN, W(	LACE OF DEATN (C)  THE S Residence  JURY AT  JUR	8 Other ( 28d, DE\$CI 281. LOCAT City or to the cause time, data as	PERFOR  YES 2  Specify)  RIBE HOW I  ION (Street Town, State)	INJURY OCC	O 1  CURED  or Rural Roued.	MILABLE PRIOR TO OMPLETION OF CAP F DEATH?  YES 2 NO NO NO NO NO NO NO NO NO NO NO NO NO
E COMPLETED BY PHYSICIAN: MEDICAL C	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATN  1 Netural 5 Pending Investigation 3 Suicide 6 Could not be detarmined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMI  29b. SIGNATURE AND THE OF CERTIF	HOSPITAL: Tippatient 2  28a. DATE OF (Month, D)  28e. PLACE O building,  SICIAN: To the best of at	ER/Outpatient INJURY — At etc. (Specify) my knowledge, examination and/o	3 DOA 28b. Tith IN 4 sth occurr or Investigation TEM 27) (Type	OTHER 4   Num 5   Num M   Street, factored at the till on, in my o	26. Pl	LACE OF DEATN (Cr	8 Other (c) 28d. DESC! 28f. LOCAT City or to the cause time, data as	PERFOR	INJURY OCC	CURED  or Rural Rou  ed.  e cause(a) a	MILABLE PRIOR TO OMPLETION OF CAP F DEATHY  YES 2 NO NO NO NO NO NO NO NO NO NO NO NO NO

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

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	74 DC	filled
î	within	pletely
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	cate be ex	hysiclan a
	eath certific	attending p
	the d	y the
	equires that	an signed t
	The law r	e has be
	SICIAN: 1	certificat
)	PHY	r this
	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 no	DIRECTOR: After this certificate has been signed by the attending physician and completely filled

							-	0 11200
•	FOR STATE REGISTRAR	STATE OF MARYLAND		MENT OF CATE OF		MENTAL HYGIEN REG. NO	_	
	1. DECEOENT'S NAME (First, Middle, Last)		-			2. DATE OF DEATH	AY YE	3. TIME DF DEATH
	Sue A.Russell					4-02-90		4:50pm M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs.		IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)
		1□M2XF 87	YRS.			05-30-19		Virginia
œ	9a. FACILITY NAME (II not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATH  9c. COUNTY OF  North Arundol Hospital  RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY  10c. CITY, TOWN OR LOCATION  Maryland Anne Arundel  Severna Park  10f. ZIP CODE  10g. CITIZEN OF  2 Triple Oak Lane  11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 VES 2 NO  13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-  If yes, specify Cuban, Maxican, Puarlo Rican, stc.)							
8								
H	10a. STATE 10b. COUNTY			TOWN OR LOCA				10d. INSIDE CITY LIMITS?
ō		ne Arundel		Severr				1 YES 2 NO
RAI	100. STREET AND NUMBER			,	Of. ZIP CODE 2114	C		OF WHAT COUNTRY?
N.	2 Triple Oak La	d IT C  12. WAS DECEDENT EVER IN U.S.	ARMED	13 WAS DE		IC ORIGIN? (Specify Yes		. S . A .
F	1 Never Married 2 Married	FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES		If yes, s	pecify Cuban, Maxica S 2 NO Specify	n, Puarlo Rican, etc.)	I G NO   14.	RACE — American Indian, Black, Whita, etc. Specify:
D BY	3 Widowed 4 Divorced							aucasian
IEI	15. DECEDENT'S EDUC (Specify only highest grade of	completed)	(Give kind of wo	ISUAL OCCUPAT ork done during in retired.)	ION lost of working	16b. KIND OF BU	SINESS/INDUST	'RY
2	Elamentary/Secondary (0-12) 1 2+	College (1-4 or 5 +)	Mai	nager		i	Shirt	Company
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maiden		COMBATTY
BE C	George Monroe H	Riley			Virgi	nia Chri	stina	Fox
0	19a. INFORMANT'S NAME (Type/Print)				and Number or Rural I	Route Number, City or Tow	m, State, Zip Coo	de)
	Mrs. Charlotte				rford R			MD 21122
	20a. METHOO OF DISPOSITION  1X Burial 2 Cremation 3 Remo 4 Donation 5 Other (Specify)	oval from State Office	r place)				CATION — City	
	21. SIGNATURE OF TONERAL SERVICE LIG		ren no	22. NAME	emetery	CILITY	len Ri	
	James &	Lour	ma	Barr	anco & :	Sons F.H	. 495	Ritchie Hwy
$\vdash$	23. PART/L Enter the diseases, or c	complications that caused the	desth. Do no					
	shock, or heart fallure. I	List only one cause on each I	ine.		, , ,		,	Interval Between Onset and Death
	disease or condition resulting in death)	Condia	nuln	1 pm	ARRE	est		181112
	resulting in death)	DUE TO (OR AS A CDA	SEDUENCE OF	· da	0			10000
Z	Sequentielly list conditions,	· Cordio	myo	nall	ry			
CERTIFICATION	If eny, leading to immediate ceuse, Enter UNDERLYING	OUE TO (DR AS A CON	SEDUENCE OF	<del>!</del> :	/			
임	CAUSE (Disesse or Injury that initisted events	DUE TO (OR AS A CON	SEDUENCE DE	):				
E	resulting in death) LAST	d.						
_	PART II, Other significent conditions	s contributing to death but n	ot requiting is	the underful	na asusa aluan In	Part I. 24s. WAS AN	ALITOREY	24h WERE AUTOROV ENIDADO
MEDICAL	TALL III OULD III OULD III	- Contributing to could but in	or resoluting in	i die dilderly	ng cause given in	PERFO	RMED?	24b. WERE AUTOPSY FINDINGS  AVAILABLE PRIOR TO  COMPLETION OF CAUSE
	· · · · · · · · · · · · · · · · · · ·					1 TYES	2 XNO	OF DEATH?
				_		_		1 TYES 2 NO
CIAN:	25. WAS CASE REFERRED TO MEDICAL			26.	PLACE OF DEATH (Ch	eck only one)		
<u>                                    </u>	EXAMINER?	HOSPITAL: 1   Inpatient 2   ER/Outpatient		OTHER: 4 Nursing Ho	me 5 Residence	8 Other (Specify)		
РНҮ	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	JRY V	JURY AT	28d. OEŞCRIBE HOW	INJURY OCCUR	EO
Æ	1 Natural 5 Pending 2 Accident Investigation				YES 2 NO			
9	3 Suicide 8 Could not be detarmined	28a. PLACE DF INJURY — A building, etc. (Specify)	t noma, tarm, a	treet, factory, on	ICe	28f. LOCATION (Street City or Town, State		Hural Houte Number,
COMPLET	29a. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of my knowledge	, death occurre	d at the time de	te and place, and due	to the causals) and me	nner as stated	
SMP	one)	R: On the basis of examination and						euse(s) end manner as stated.
E CC	290. SIGNATURE AND TITLE OF CERTIFIER	V ~/ ·/			29c. LICENSE NUI	MBER	29d. DATE SI	GNED (Month, Day, Year)
BE	Youald N	· Heston				8293	D 4	-4-90
121	30, NAME AND ADDRESS OF PERSON WHO	o community course or or or or	TTTM 277 (T			2		1 / /

Donald H. Hislop Robinson & Owens Rd

Severna Park Maryland 21146

DHMH-16 Rev t/89

BALTIMORE, MARYLAND	H death. Page 6 may be retained by the hosp	he funeral director, page 5 should be detache al.	examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL ORECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
MIN	AN: Th	ificate State	r Item
DIVISION OF V	TO THE HOSPITAL OR ATTENDING PHYSICIA	TO THE FUNERAL OIRECTOR: After this certi be filed within 72 hours after death with the	IMPORTANT: If item 28 is marked, or

FOR STATE REGISTRAR	STATE OF MARY	CERTIFIC	MENT OF HI		MENTAL HYG REG.			
1. DECEDENT'S NAME (First, Middle, Last)	Clara	L.	RUI	E	2. DATE OF DEAT MONTH April		3. TIME OF DEATH	
4. SOCIAL SECURITY NUMBER  189-20-7705  90. FACILITY NAME (If not institution, give a	1 🗌 M 2 💢 F	83 YRS. M	ONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Ye. Sept. 3,	1906	BIRTHPLACE (State or Foreign Country) Pennsylvania y OF DEATH	
Frederick Memori				lerick			derick	
100. STATE 10b. COUNTY	rederick	10e. CITY,	Freder:	ick			10d. INSIDE CITY LIMITS? 11 YES 2 NO	
594 Pump House	e Road		10f.	21701			U S A	
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 YOU IF YES, GIVE WAR OF	ES 2 NO	II yes, spe		NIC ORIGIN? (Specifien, Puerto Ricen, etc by:		4. RACE — American Indian, Black, White, atc. Specify: White	
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		Ille. Do NOT use	rk done during mos retired.)	t of working	les sega	F BUSINESS/INDUS		
17. FATHER'S NAME (First, Middle, Last)		Relief B	Tock Obe		Ra1	1road Co	ompany	
Jes	se D.	Everly		Ly	dia	A. 1	Morley	
19e. INFORMANT'S NAME (Type/Print)					Route Number, City of			
Mrs. Donna Miller					Frederic			
20 METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	ovel from State	206. PLACE OF DISPOSIT other place) Beverly Hi				c. LOCATION — CH lorgantor		
21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	M00703	Keeney	& Basf	ord P.A.	Funeral	Home, 21701	
immediate cause (Finel disease or condition resulting in death)  Anteroseptal myo cardiel in farction  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):								
PART II. Other algnificent condition  Cardio genic	_	h but not resulting in	the underlying	cause given in	PE	AS AN AUTOPSY REFORMED?	24b. WERE AUTOPSY FINDIN AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 E NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?				ACE OF DEATH (C	heck only one)			
1 VES 2 NO	HOSPITAL: 1 ☑ Inpatient 2 ☐ ER/O		OTHER:  I Nursing Home	5 - Residence	8 Other (Specify	)		
27. MANNER OF DEATH  1 Whetural 5 Pending Investigation	(Month, Day, Yea		RY WO		28d. DEŞCRIBE H	IOW INJURY OCCU	IRED	
2 Accident Investigation 3 Suicide 6 Could not be determined	26e. PLACE OF INJ building, etc. (S	JRY — At home, ferm, str Specify)	set, factory, office	1	26f. LOCATION (S City or Town,		r Rural Route Number,	
100000000	ICIAN: To the best of my ki						f. couse(e) and menner as stated	
296. SIGNATURE AND TITLE OF CERTIFIED Muchael S Mus	lonen Ms	)		29c. LICENSE NU			SIGNEO (Month, Day, Year)	
30. NAME AND ADDRESS OF PERSON WH Dr. Michael S. R								

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Zatiours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

OR TATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
EGISTRAR	CERTIFICATE OF DEATH	REG. NO.

	REGISTRAR	CERTIFIC	ATE OF DEATH	REG. NO.	
10	1. DECEOENT'S NAME (First, Middle, Last)			2. DATE OF OEATH MONTH DAY	3. TIME OF DEATH
114	EDWARD L. R	IEE		4 Z	90 72 AM H
- 8			UNDER 1 YEAR   IF UNDER 24 HRS.	7. OATE OF BIRTH	6. BIRTHPLACE (State or Foreign
1	431589110 1XM2 0 F	54 YRS. MOI	THE DAYS HOURS MIN.	(Month, Day, Year)	35- England ARK
	In FACILITY NAME (If not institution, give street and number)	96	CITY, TOWN OR LOCATION OF DE		c, COUNTY OF DEATH
Œ	Harfard Mem Harp	/	Lever 18 81	encille	Kley Pred
2	RESIDENCE OF DECEDENT	/	Apr Ci CC CO	01	John Garage
DIRECTOR	10e. STATE 10b. COUNTY	10c. CITY, TO	OWN OR LOCATION	de Sear	10d. INSIDE CITY LIMITS?
0	MD Harford	fle	tun Much		YES 2 NO
A	10. STREET AND NUMBER 578 Column	Tout	10f. ZIP CODE 21	1078 1	0g. CITIZEN OF WHAT COUNTRY?
FUNERAL	756 amburge 7	01	2100	2/-	USA
S	11. MARITAL STATUS  12. WAS DECEDENT, EVI	ER IN U.S. ARMED	13. WAS DECENDENT OF HISPAN		No- 14. RACE American Indian, Black, White, etc.
	IF YES GIVE WAR O	R DATES	If yes, specify Cuban, Mexica 1 YES 2X NO Specify		Specify:
ВУ	3 ☐ Widowed 4 ☐\Divorced 1952-1972				Black
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	18a. DECEDENT'S USU (Give kind of work	done during most of working	16b. KIND OF BUSINI	ESS/INDUSTRY
Щ	Elementary/Secondary (0-12) College (1-4 or 5+)	ille. Do NOT use re			
MP	12	milita	ry	retin	red
8	17. FATHER'S NAME (First, Middle, Last)		16. MOTHER'S NA	ME (First, Middle, Melden Sur	mame)
BE	Theodore R. Rice		Mary	E. Elmore	
TO E	19a. INFORMANT'S NAME (Type/Print)	The second secon	DRESS (Street and Number or Rural :		2-00-10
-	Louis Rice	6340 V	illage Dr. Wes	t Bloomfield	d. Mich.
	20s, METHOD OF DISPOSITION 1 M Burial 2 Cremetion 3 Removal from State	20b. PLACE OF DISPOSITION other place)	ON (Name of cemetery, crematory or	20c. LOCAT	TION — City or Town, State
	4 □ Donation . 5 □ Other (Specify)	Garrison F	orest Vet. Cem		gs Mills MD.
	21. SIGNATURE OF FUNERAL SERVICE LIGENSEE	//	Arnold W. Be	oury and Funeral	Service
	· April 1/4, Shart		P.O. Box 188		
	23. PART i. Enter the diseases, or complications tr/at car	used the death. Do not			
	ahock, or heert fellure. List only one cause of				interval Between Onset and Death
	IMMEDIATE CAUSE (Final disease or condition	John OT	Cachiovara	ula 1les	441
		AS A CONSEQUENCE OF):	Crocker will		
~					
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate	AS A CONSEQUENCE OF):			
SAT	cause. Enter UNDERLYING				
Ĕ	CAUSE (Disease or injury that initiated events DUE TO (OR	AS A CONSEQUENCE OF):			
H	reaulting in death) LAST				
	DART II Characteristicate and dates and dates and day of the			Part I. 24s. WAS AN AU	
¥	PART II. Other algnificant conditions contributing to dea		ne underlying ceuse given in	PERFORME	ED? AMILABLE PRIOR TO
8	Lesburs mi	cares		1 _ YES 2 _	COMPLETION OF CAUSE OF DEATH?
ME					1 TYES 2 THO
ž					
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		26. PLACE OF OEATH (C/	eck only one)	
YSI	1 YES 2 NO 1 Inputient 2 ER		☐ Nursing Home 8 ☐ Residence		
PHYSICIAN: MEDICAL	27. MANNER OF OEATH  28s. DATE OF INJUSTICAL Month, Day, N	er) 20b. TIME O	WORK?	2ad. DESCRIBE HOW INJ	URY OCCURED
B	2 Accident Investigation		M 1 YES 2 NO		
	6 Could not be building, etc.	JURY — At home, farm, stre (Specify)	et, factory, office	281. LOCATION (Street and City or Town, State)	d Number or Rural Route Number,
	4 Homicide determined				
7	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my	cnowledge, death occurred a	t the time, dete and place, and du	to the cause(a) and menne	or as stated.
COMPLETED	One) 2 MEDICAL EXAMINER: On the basis of exami	nation and/or investigation, i	n my opinion, death occured at the	time, date end place, end o	due to the ceuse(e) end manner ee stated.
	296. SJONATURE AND TITLE OF CERTIFIER	Wd Cleve	29c, LICENSE NU	MBER 2	29d. DATE SIGNED (Month, Day, Year)
BE	Keelend A. Calher, M.B.	- Gene	DO	1194	1/2/90
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE O	F DEATH (ITEM 27) (Type, Pri	m) 2013 Tag	14, All.	LRd
	RICHARD F. COLFEI	RIMD	10,1	Tuestin	MI 21034
	31. DATE FILEO (Month, Day, Year) 32. REGISTRAR'S	SIGNATURE	72.00	-	
		-Randell			

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Jours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, is be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR 1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERT	IFICA	IE OF	DEATH	REG.	NO.		
ŀ	1. DECEDENT'S NAME (First, Middle, Last)  2. DATE OF DEATH MONTH, DAY GEAR ZZ/5									
1	Wendy Sue R.							07		
	4. SOCIAL SECURITY NUMBER 092-58-5500	5. SEX 6. A	AGE (In yrs. last birtho 26 YR	MONT	HS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Ye. NOV. 30	,1963	Count	HPLACE (State or Foreign try) YOU'C
	9e. FACILITY NAME (If not institution, give et			9b. (		OR LOCATION OF DE	ATH		UNTY OF D	
PO	160 M Willowdale	Drive, Ap	t. 201		Fred	erick			Frede	erick
딥	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNTY	1	10c.	CITY, TOY	N OR LOCA	ATION				10d. INSIDE CITY
FUNERAL DIRECTOR		ederick		Free	deric					1XXYES 2 NO
ERAL	160 M Willowdale	Drive, Ac	t. 201		1	or. ZIP CODE 21701		1 1 2 2	U.S.A	WHAT COUNTRY?
S	11. MARITAL STATUS	12. WAS DECEDENT EV				CENDENT OF HISPAN			14. RAC	CE — American Indian,
BY	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 1				specify Cuban, Maxica S 2 1 NO Specify		-)		White
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade		16e. DECEDER	of work de	one during n	TION nost of working	16b, KIND O	BUSINESS/II	NDUSTRY	
91	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do Ni	OT use retire	ed.)		Tros	7.1.7. O	/1	Transport on or
MP	12		NUL	sing	ASS1	stant				Nursing
8	17. FATHER'S NAME (First, Middle, Last)		0 113				ME (First, Middle, M	iden Sumeme		-
BE	William		Smith			Deann				Becker
2	190. INFORMANT'S NAME (Type/Print) Timothy M. Riley	7				and Number or Aural of Cale Driv				rland 21701
	20s. METHOD OF DISPOSITION 1 1 Burlel 2 Cremetion 3 Rem 4 Donetion 5 Other (Specify)	oval from State	20b. PLACE OF DIS other place) MOUNT	Mar:	ion C	emetery, cremetory or emetery		cocation of		own, State On, New York
	21. SIGNATURE OF/FUNERAL SERVICE LIC	ENSEE Planer	a) MOO	706		ey & Basi		unera:	1 Hon	ne . MD. 21701
	23. PART I. Enter the diseases, pr	complications that ca								Approximate
	shock, or heert fellure.  IMMEDIATE CAUSE (Final	Liet only one cause t	on each line.							Interval Between Onset and Death
	disease or condition resulting in death)	. GUN		_	H	EAD				
	_	DUE TO (OR	AS A CONSEQUENC	CE OF):						
CERTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING									
IFIC	CAUSE (Disease or injury that initiated events	cDUE TO (OR	AS A CONSEQUENCE	CE OF):						
ERT	resulting in death) LAST	d								
	PART II. Other significant condition	s contributing to dea	ath but not result	ing in the	underlyi	ing ceuse given in		S AN AUTOPS	Y 24	b. WERE AUTOPSY FINDINGS
EDICAL							2.00	RFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
ED							_   '''	S 2 X NO		OF DEATH?
Σ							— I			1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL				26	PLACE OF DEATH (Ch	eck only one)			
Sici	EXAMINER?  1 YES 2 NO	HOSPITAL:	Montrellant 2 - D		HER:					
¥	27, MANNER OF DEATH	26e. DATE OF INJ		TIME OF	-	ome 5 Residence	28d. DESCRIBE		OCCURED	
	1 Natural 5 Pending	(Month, Day, Y		INJURY	V	VORK? YES 2 NO				
BY	2 Accident Investigation 3 Suicide 6 Could not be	26e. PLACE OF IN	JURY — Al home, to	rm, street,	factory, of	fice	26f. LOCATION (S		ber or Rural	Poute Number,
COMPLETED	4 Homicide determined	building, atc.	(apecity)				City or Town,	Stelle)		
1 5	290. CERTIFIER (Check only 1 CERTIFYING PHYS	ICIAN: To the best of my	knowledge, death or	courred at	the lime, da	ite end place, and due	to the cause(e) an	f manner se s	stated.	
N N	(ones only									(e) end manner ee stated.
E C	296. SIGNATUBE AND TITLE OF CERTIFIE	R	7			29c. LICENSE NU	MBER	29d. D	ATE SIGNE	ED (Month, Day, Year)
TO BI	Kohert RR.	Robert	M	)		0986	7	•	06	107/90
	30. NAME AND ADDRESS OF PERSON WITH REPORT OF PERSON WITH PERSON WITH PERSON WITH PERSON WITH PERSON WITH PERSON WITH PERSON WITH PERSON WITH PERSON WITH PERSON WITH PERSON WITH PERSON WITH PERSON WITH PERSON WITH PERSON WITH PERSON WITH PERS	5 MD /	SW 77	(Type, Print)	F	rederic	IC MIL	217	'W -	4599
	APR 11 1990	Julia Davidson	SIGNATURE							

follified at once.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after certificate has been signed by the attending physician and completely filled in by the line be fleed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical earn

	FOR 1 - STATE REGISTRAR	STATE OF M			TMENT				MENTAL	HYGIEN	E		
	1. DECEDENT'S NAME (First, Middle, Lest)	Ivon R.	Ress1	er	Jr.				2. DATE MONTH	OF DEATH D	× 5	1990	3. TIME OF DEATH  8:30 Dm M
	207 07 (070	5. SEX 1 [X] M 2 [] F	6. AGE (In yrs. last	birthday) YRS.	IF UNDER	DAYS	IF UNDER	24 HRS.		OF BIRTH , Day, Year) - 8 -1	9	Countr	PLACE (State or Foreign
œ	98. FACILITY NAME (If not institution, give stre Kensington Gard		reina	СТР			R LOCATI		HTA		9c. COU	NTY OF D	EATH
DIRECTOR	RESIDENCE OF DECEDENT  10s. STATE  10b. COUNTY	aciio iva	raing		Y. TOWN			.1			MOI	ntgo	Mery  10d. INSIDE CITY
DIRE		omery			thes	- 11-	ION						LIMITS?
RAL	10e. STREET AND NUMBER 9623 Singleton					10f	208	-			7		VHAT COUNTRY?
BY FUNERAL	11. MARITAL STATUS  1 Never Merried 2 Merried  3 Wildowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE WI	EVER IN U.S. ARI XXES 2 N X OR DATES CE WWI			If yes, sp	ENDENT C	OF HISPAN	in, Puerto F	? (Specify Yellican, etc.)	US or No—	14. RACE Black	- American Indian, t, While, etc.
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	ATION ompleted) College (1-4 or 5+)	(GA	ve kind of	USUAL O work done se retired.)	during mo	st of worldi	*	1000	KIND OF BU			ion Adm.
JMPI	17. FATHER'S NAME (First, Middle, Last)	4	1 = 0,	5-00		all				Middle, Malden		/тас	TOIT Adill.
BE C(	Ivon R Ressler	Sr					1,31,20,00	1000		E. S			
10	198. INFORMANT'S NAME (Type/Print) Suzanne Campbell I	Ressler			addres Lme a			r or Rural i	Floute Numb	oer, City or Tow	m, State, Zi	p Code)	
	20s. METHOD OF DISPOSITION 1		20b. PLACE of other pla									City or To	
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE	O .	TSIL		NAME AP	D ADDRE	SS OF FA	CILITY	Serv		Lues	da, MD
4	Daniel	Z.X	aue	a		Fal	1s C	hurc	ch, V	A			
	23. PART I. Enter the disasses, or conshock, pr heart failure. L. IMMEDIATE CAUSE (Final disease pr condition resulting in daath)				not ente	est the mo	de of dy	ing, suc	ch as card	liac or reap	iratory a	rreat,	Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events.)	DUE TO	OR AS A CONSEC	DUENCE O	10 (	rai	the	1,	Id	iopa	the	ė	
SERT	reauiting In death) LAST	-											
MEDICAL	PART II. Other aignificant conditions	contributing to	death but not n	esuiting	in the u	nderlyin	g cause	given In	Part I.	24a. WAS AI PERFO 1 Ty TES	RMED?	246	N. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1 YES 2 NO
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 HO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHE 4-E-NO	R			6 C Othe				
/ PHY	27. MANNER OE DEATH  1 Average Street	28a. DATE OF (Month, De		28b, TII	ME OF JURY M		URY AT PRK? YES 2 [	□ NO	28d. DES	CRIBE HOW	INJURY O	CCURED	
TED BY	2 Accident investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE Of building,	F INJURY — At ho etc. (Specify)	me, farm,	street, fac	ctory, offic	•		28f. LOC City	ATION (Street or Town, State	and Numb	er or Rural	Route Number,
COMPLETE	29s. CERTIFIER 1 CERTIFYING PHYSIC (Check only one) 2 MEDICAL EXAMINES												s) and manner as stated.
BE C	295. LICENSE NUMBER 29d. DATE SIGNED (Moght, Day, Year)									29d. DA	TE SIGNET	(Modity, Day, Year)	
0	Iohn J. Merendino, M.D. 4701 Randolph Rd., Rockville, MD 20852												

10/25

ed for use as the burial-transit permit. Pages 1, 2, 3 should

	FOR STATE REGISTRAR	STATE OF MARY	YLAND / DEPAI CERTIF					MENTAL	HYGIENI	E		
j	1. DECEDENT'S NAME (First, Middle, Last)		-			W		2. DATE	OF DEATH			3. TIME OF DEATH
}	Minnie	J.	F	ueth			- 1	Marc	ch 28,		YEAR	4.45 A M
i			GE (In yrs. lest birthday)			IF UNDER		7. DATE	OF BIRTH		a. BIRTH	IPLACE (State or Foreign
	577 46 3674	□M2XF	NRS.	MONTHS	DAYS	HOURS	MIN.		, Day, Year)	203	Countr M 7	ARYLAND
	9a. FACILITY NAME (If not institution, give street		0.0	9b. CITY	r, TOWN C	R LOCATIO	ON OF DE				NTY OF D	
DIRECTOR	University Nursin	University Nursing Home								Montgomery		
<u> </u>	10e. STATE 10b. COUNTY		10e. Cf	TY, TOWN	OR LOCAT	ION			-			10d. INSIDE CITY
片	Maryland Mon	tgomery	I	≀ockv	ille							1 VES 2 NO
	10e. STREET AND NUMBER					ZIP CODE				10g. CITI	ZEN OF V	WHAT COUNTRY?
FUNERAL	12733 Robindale D	rive				208	53			Uni	ho+	States
3		. WAS DECEDENT EVE				ENDENT O	F HISPAN		? (Specify Yea		14. RACI	E — American Indian, k, White, atc.
	1 Never Merried 2 Merried	FORCES? 1 Y				2 NO			Rican, elc.)		Spec	
ВУ	3 🔀 Widowed 4 🗌 Divorced									1	V	Vhite
	15. DECEDENT'S EDUCATI (Specify only highest grade com-		16e, DECEDENT' (Give kind of life, Do NOT	S USUAL O	CCUPATIO	N st of workin	g	16b.	KIND OF BUS	INESS/IND	USTRY	
	Elementary/Secondary (0-12)	college (1-4 or 5+)						-   (	Govern	ment	Pri	nting
OMPLETED	(12	-	Bookk	nde	r			_1		Offi	ce	
8	17. FATHER'S NAME (First, Middle, Last)					18. MOTH	IER'S NAI	ME (First, A	Aiddle, Maiden	Surname)		
2	Lloyd J. Whipp	)					Anni		Turner			
B	19e. INFORMANT'S NAME (Type/Print)		1.000						er, City or Town			
2	Pearl E. Mattheis		12306	Ve	irs	Mill	Roa	d, W	heaton	, Md	. 20	906
	20e. METHOD OF DISPOSITION  1 X Burlel 2 Cremation 3 Removal	from State	other place) Ne	N) MOITISC	ille	Pre:	natory or sbyti	eria	20c. LO	CATION -	City or To	Maryland
	4 Donalion 5 Other (Specify)	oee		huro	h Co	mete	ry -	OL LO.	Ger	mant	own,	Maryland
	SI SIGNATURE OF FORESTEE COMME	1										/Rockville,
	After J. Jatin	У мо	0689	3	00 W	est N	Man	gome	ry Ave	nue	2005	Inc.
1	23. PART   Error the diseases, or com-	pilications that cau	sed the death. Do	not enter	r the mo	de of dyl	ng, sucl	h es card	lac or respi	ratory an	reat,	Approximate interval Between
	IMMEDIATE CAUSE (Final	only one cause of	oach mie.									Onset and Death
1	disease or condition resulting in death)	Can	dio - 0	Zen	un	-80-	6	ken	- fr			20
		DUE TO (OR	AS A CONSEQUENCE	OFIN		, 1						
Z	Sequentially list conditions, b.		exary o	The	5-2-8	60	200	X	2			5 reger
Ĕ	if any, leading to immediate cause, Enter UNDERLYING	DUE TO (ON A	IS A CONSEQUENCE	OF):		1						15-
5	CAUSE (Diseese or injury C	DOE TO JOB A	IS A CORSEQUENCE	OFI:	402	CLIL	Pere	7 "				Jan
Ē	that initiated events resulting in death) LAST	gen in ann	a r agranational	J. 7.								j
CERTIFICATION	d											
	PART II. Other eignificent conditions of	All and a second		-					24a. WAS AN PERFOR		248	. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
MEDICAL	Chronic O'	nouchi	Ly UL	Been	e 00	refe	unt	Eure	1 TES 2	1	_	COMPLETION DF CAUSE OF DEATH?
빌	Bulmoney .	Ocicase	Long	cofe	ic.	Hea	rh					1   YES 2   NO
ż	Failure & 2,	Here of	Buch									
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					ACE OF 0	EATH (Ch	eck only or	16)			
Sign		OSPITAL:	Outpatient 3 DOA	4 Nu		e 5 □ Re	sidence	8 🗆 Othe	r (Specify)			
£	27. MANNER OF DEATH	28e. DATE OF INJU (Month, Day, Ye.		IME OF		URY AT		28d. DES	CRIBE HOW I	NJURY OC	CURED	
BY	1 Sentiful 5 Pending Investigation			М		YES 2	NO					
ED	3 Duicide 8 Could not be	28e. PLACE OF INJ building, etc. (	URY — At home, farm Specify)	, street, fac	ctory, offic	•			ATION (Street or Town, State)		r or Rumi	Route Number,
	4   Homicide determined											
COMPLET	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIA	N: To the best of my k	nowledge, death occu	rred at the	time, date	and place	, end due	to the car	use(s) end mai	nner as sta	ted.	
OM	one) 2 MEDICAL EXAMINER:	On the basie of examin	ation end/or investiga	tion, in my	opinion, d	leath occu	red at the	lime, date	end place, en	nd due lo il	he ceuse(	s) end menner es stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER		)			29c. LIC	ENSE NU	MBER		29d. DAT	E SIGNE	D (Month, Day, Year)
BE	(form)	11	Decen	2	)	DI	55	745		Ma	rch	28, 1990
2	30. NAME AND ADDRESS OF PERSON WHO C	COMPLETED CAUSE OF	DEATH (ITEM 27) (Ty	oe, Print)		~ U						
	Stephen H. Jones,	M.D. 80	9 Veirs M	ill	Road	Rog	ckvi	lle.	Marvl	and	208	51
	31. DATE FILEO (Month, Day, Year)	32, REGISTRAR'S	GIGNATURE			1101	J12 V 4.		rat y L	anu	2.00	~ <del>_</del>
	APR UZ '90	Julia David	on Randoll									

3. TIME OF DEATH

YEAR

2. DATE OF DEATH MONTH DAY

March 29, 1990

Stanley

ld at once.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	Stanley		erick			]	Darce	y		Marc	ch 29	, 1990	) 4	:36 A.M.	. м
	4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE (In yrs.	lest birthday)	IF UNDE	DAYS	IF UNDER	R 24 HRS.	7. DATE Of	F BIRTH Day, Year)	- 0	6. BIRTHPLA Country)	NCE (State or Foreig	gn
	578-10-7629		1¥¥M 2 □ F	89	YRS.	WONTHS		noons		Marc	h 14,	1901	Wash	ington,	DC
	9e. FACILITY NAME (If not in	stitution, give s	street and number)		9b. CITY, TOWN OR LOCATION OF DEATH							9c. COUNT	TY OF DEAT	Н	
5	Manor Care		nac				Poto	mac				Mont	gome:	ry	
DIRECTOR	RESIDENCE OF DEC	10b, COUNT	Υ		10c, CIT	Y. TOWN	OR LOCAT	ION		··			10-	d. INSIDE CITY	-
<u> </u>	Maryland	Mont	gomery			Б	ethe	c A a						LIMITS?	
	10e. STREET AND NUMBER		gomery					ZIP COD	)E			10g. CITIZ	_	T COUNTRY?	$\dashv$
R	10250 West	lake D	rive. #50	าล				208	17				II C A		- 1
FUNERAL	11. MARITAL STATUS		12. WAS DECEDEN	IT EVER IN U.S.	ARMED	13		ENDENT (	OF HISPAN	IIC ORIGIN?				American Indian,	
	1 Never Merried 2		FORCES? 1		⊠ио		If yes, spe	elfy Cub	en, Mexice Specify	n, Puerto Rk	can, etc.)		Black, W Specify:	hite, etc.	
BY	3 Wildowed 4 Dive	orced				ŀ								White	
COMPLETED		EDENT'S EDU		16a.	OECEDENT'S	work don	e during mo.		ing	18b. f	CIND OF BU	SINESS/INDU	STRY		
9	Elementary/Secondery (	3-12)	College (1-4 or 6	+)	ille. Do NOT u	se retired.	.)								
₩ B			3	Ge	neral	Sto	reke	_				ransi	t		$\dashv$
응	17. FATHER'S NAME (First, N	fiddle, Last)	-							ME (First, Mi					
BE	John		Francis	3		rcey			arah			ve C		gham	-
2	19a. INFORMANT'S NAME (											n, State, Zip (			
	Thomas F. I			Laas Bu	8715					omac,		land			_
1	1 ☐ Buriel 🏋ズ Cremetic	on 3 🗆 Rem	noval from State	othe	er place)					_					
	4 Donetion 5 Other		CENSEE	_ Mon	tgome	22	LEINA	D ADDRE	UIR,	Lnc.	Ве	tnesa	a, Ma	ryland	
	777	) (	0 6	0 "	00522		Rober	rt A	· Pur	mphre	y Fun	eral I	Home 7	Wiscon 4-3501	sin
	redu	-												4-3501	J 1 11
	23. PART I. Enter the d ahock, or h		List only one car			not ante	ar tha mo	da of dy	ying, suc	h aa cerdi	ac or reap	iretory arre	st,	Approximate	
ı	IMMEDIATE CAUSE (FI	nel	100 Mar 1 1100 M											Onset and D	Deeth
- 1	diseasa or condition resulting in death)	$\rightarrow$	a.	ation	-									2 month	hs
			DUE TO	(OR AS A CON	ISEQUENCE C	P):									
S	Sequentielly ilst condit	Ilpns,	strok	(OR AS A COM	IDEOLIENOE O	ND.								years	
CERTIFICATION	If any, leading to imme		002 10	(On AS A CO	43EOOENOE C	,								İ	
윤	CAUSE (Disease or injute that initiated events		c. DUE TO	(DR AS A COA	SEQUENCE C	OF):									-1
E	resulting in deeth) LAS	T	al .												- 1
8			u							T				1	
MEDICAL	PART ii. Other signific				ot resulting	in the	underlyin	g causa	givan in	Part i.	24s. WAS AN PERFO		AV	ERE AUTOPSY FIND WILABLE PRIOR TO	
8		-	rt diseas								1 TYES	KX NO		OMPLETION OF CAU F DEATH?	JSE
ME	Pseudon	nembro	us enterc	coliti	s, due	e to	C. (	liff.	icile	e			1	YES 2 NO	1
PHYSICIAN:															_
S	25. WAS CASE REFERRED T EXAMINER?	TO MEDICAL	HOSPITAL:			ОТН		ACE OF	DEATH (Ch	eck only one	)				-
YS	1 TYES 2 NO		1 Inpatient 2				*		Residence	6 Other					
	27. MANNER OF DEATH  1 🔀 Natural 5	Pending	28e. DATE Of (Month, I	Day, Year)	28b, TII	ME OF IJURY		RK?	□ wa	28d, DESC	CHIBE HOW	INJURY OCC	UHED		
BY	2 Accident	Investigation	20- BLACE	OF INJURY — A	t home form			YES 2	NO	204 1 004	TION /Stead	and Number	ne Orumi Bou	to Alcombos	-
8	3 Suicide 8 4 Homicide	Could not be determined	building	, etc. (Specify)	at nome, term,	street, n	sciory, dinc	•			r Town, State		or note: nou	e Number,	
Ē	29e. CERTIFIER VIV.														$\rightarrow$
MPI	(Check only TYZY CER		SICIAN: To the best o												
		JICAL EXAMIN	ER: On the besie of	examination end	a/or investigati	ion, in im	y opinion, c	leeth occi	ured at the	time, date	end place, e	nd due to the	ceuse(e) e	nd menner ee stat	ea.
8								29c, LI0	CENSE NU	MBER		294 DATE	CICNED AL		
BE COMPLETED	29b. SIGNATURE AND TITL	E OF CERTIFIE	ER / /	9	*.								-2007	onth, Day, Year)	
BE	29b. SIGNATURE AND TITL	p	han, h	2				D(	01193	3			-2007	29, 1990	0
	29b. SIGNATURE AND TITL 30. NAME AND ADDRESS A	F PENON W	HO COMPLETED CAL				03 6 - 134					► Ma	arch 2	29, 1990	)
BE	29b. SIGNATURE AND TITL  30. NAME AND ADDRESS A Sidney J.	Cohen,	HO COMPLETED CAL	21 Con	gressi		l Lan				. Mar	► Ma	arch 2	29, 1990	)
띪	29b. SIGNATURE AND TITL  30. NAME AND ADDRESS Sidney J.  31. DATE FILED (Month. Day)	Cohen,	HO COMPLETED CAL		gressi		, Lar				. Mar	► Ma	arch 2	29, 1990	)

Land Grand

p 21203-3146

ath. Page 6 min	mera unecio.	aminer must
filled in hy the f	ion, or removal.	he medical ex
be executed within	or to burial, cremati	aumatic event, t
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within any state death. Page 6 min.	10 HE FUNETAL DIRECTOR, YIELD UIS CEUTINGER HIS DOOR SUPER ALCOHOLING PHYSICAEL AND COMPONENT HIS DIRECTOR OF THE FIRST PHYSICAEL STATE CHARACTORY OF THE WORLD OF THE WORLD FOR THE WORLD OF THE WORLD	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must it
law requires that the	lept. of Health and	23 shows any ir
NG PHYSICIAN: The	ath with the State	marked, or Item
TAL OR ATTENDIT	72 hours after de	If item 28 is
TO THE HOSP	be filed within	IMPORTANT

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.									
	1. DECEDENT'S NAME (First, Middle, Last) WINN REYNOLDS 2. DATE OF DEATH MONTH 3 - DAY 25-90 2:45 A M									
	4. SOCIAL SECURITY NUMBER 5. SEX 5. SEX 6. AGE (In yrs. lest birthdey) 7. VRS. 6. AGE (In yrs. lest birthdey) 7. VRS. 7. DATE OF BIRTN (Month, Day, Vear) NOV 2, 1912 98. FACILITY NAME (If not institution, give street and number) 99. CITY, TOWN OR LOCATION OF DEATN 99. CITY, TOWN OR LOCATION OF DEATN 99. COUNTY OF DEATH									
TOR	WILLIAMSPORT NURSING HOME WILLIAMSPORT WASHINGTON									
DIRECTOR	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS?  MARYLAND MONTGOMERY SILVER SPRING 1 VES 2 NO									
FUNERAL	100. STREET AND NUMBER  101. ZIP CODE  102. CITIZEN OF WHAT COUNTRY?  75 East Wayne Avenue, # W-810  20901  USA									
BY FUN	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 1 Never Married 2 Merried 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No- Black, White, etc.) 14. RACE — American Indian, Black, White, etc. 15. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No- Black, White, etc.) 16. YES 2 NO Specify: WHITE									
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (6-12)  College (1-4 or 6+)  CHURCH SECRETARY  166. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  CHURCH SECRETARY  CHRIST CONGREGATIONAL CHURCH									
BE CO	17. FATHER'S NAME (First, Middle, Leet)  JAMES ARTHUR WINN  2ILLAH A. MAPP									
2	196. INFORMANT'S NAME (Type/Print)  FRANCES E. ROBERTON (NIECE)  195. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  7521 TARPLEY DRIVE, ROCKVILLE, MARYLAND 20852									
	20b. PLACE OF DISPOSITION 1 Surial 2 Cremetion 3 Removal from State 4 Donestin 6 Other (Specify)  20b. PLACE OF DISPOSITION (Name of cometery, cremetery or other place) CONGRESSIONAL CEMETERY  20c. LOCATION — City or Town, State WASHINGTON, D. C.									
	FRANCIS J. COLLINS FUNERAL HOME, INC. 500 UNIVERSITY BLVD., W., SIL. SP., MD 20901									
CERTIFICATION	23. PART Length diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, approximate interval Between Onset and Death    Approximate interval Between Onset and Death									
MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  Cellulitis  Peripheral Vascular Disease  Cardievascular Accident									
BY PHYSICIAN:	28. WAS CASE REFERREO TO MEDICAL EXAMINER?  1									
COMPLETED	29a. CERTIFIER (Check only one)  2   MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.									
H	296. SIGNATURE AND TITLE OF CERTIFIER  296. LICENSE NUMBER  296. LICENSE NUMBER  296. DATE SIGNED (Month, Day, Year)									
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  FED E. HOWE MD 18100 Marden LnCVFY, MD 20832									
	31. DATE FILED MOOTH, Day, Years 32. REGISTRAR'S SIGNATURE  Girlia Davidson-Andele									

IMPORTANT: It Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF N		/ DEPAR					MENTAI	HYGIEN REG. NO.	E			
	1. DECEOENT'S NAME (First, Middle, Last)								2. DATE	OF DEATH			3. TIME OF DEATH	
,	Jam	es	Maur	rice	Ro	ber	tson	1	MONTH	28-90	¥	YEAR	10:15PM	м
1	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.		IF UNDER 1 1		IF UNDER		7. DATE	OF BIRTH		a. BIRTH	PLACE (State or Foreign	
		1 🔯 M 2 🗌 F	19	YRS.		DAYS	HOURS	MIN.	JULI V	5, 76ar)	370 l	Count	rirginia	
\	577-94-7634	^		77101	150					0, 1.				
1	9e. FACILITY NAME (If not institution, give st	,			9b. CITY, 17	OWN O	R LOCATIO	ON OF DI	EATH			NTY OF O		
5	5909 Kolb Street										PRIN	CE C	EORGES CO	
5	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNTY			40. 00	Y. TOWN OR		1011						10d. INSIDE CITY	
DIRECTOR	IOD. COOKIT												LIMITS?	
	D. C.			Wa	shing	itor	1						1 X YES 2 NO	
FUNERAL	10a. STREET AND NUMBER					10f.	ZIP CODI						WHAT COUNTRY?	
띪	11 S Street, N.	E.					2	2000	2		Uni	ted	States	
5	11. MARITAL STATUS	12. WAS DECEDEN								? (Specify Yes	or No-	14. RACI	E — American Indien,	
	1XXNever Merried 2 Merried	FORCES? 1	YES 2 ()	ĞNO.			2 X NO			Rican, etc.)			k, White, etc.	
B	3 Widowed 4 Divorced					_, ,,,,	- <u>A</u>	Option	,			ф	"y: Black	
۵	15. DECEDENT'S EDUC		16e.	DECEDENT'S	USUAL OCC	UPATIO	ON .		18b	KIND OF BUS	INESS/INI	DUSTRY		
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5		(Give kind of the Do NOT us	work done dur se retired.)	ring mo	st of working	ng						
2	O C	Annaha (1.4 ot 3	"	Sti	ident									
<u> </u>	17. FATHER'S NAME (First, Middle, Last)			0.00			18 MOT	HEB'S MA	ME /First 4	Middle, Maiden	Sumama)			
	James T. Roberts	on							ia Ka		Surnamey			
96		UII												
2	19e. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS (	Street a	nd Number	or Rural	Route Numi	ngton,	n, State, Zip	Code)	ากกว	
-	Georgia Robertso	n		11 2	Stree	٠,	14.	. W	asiiii	igcon,	υ. (	٠. ٢	J002	
	10a METHOD OF OISPOSITION 1 X Studies 3 Cremation 3 Remo	ovat from State	20b. PLAC	E OF DISPO	Memo	o of con	netery, crem	natory or ark			andov			
	4 Denation 5 Other (Specify)	ENDER A	-	ar mort,			D ADDRE		CHITY					$\dashv$
	J. J.	Ala	1	355	1	600	Keni	nedy	Stre	eet, N				
	Julia a	N/B	nul.	200	<u> </u>	las	ning	ton.	D. (	C. 200	11	_		
1	23 Part I. Enter the diseases, pro shock, or heart fellure.	complications the	it causad tha use on each ii	daath. Do i	nDt entar ti	he mo	da of dy	ing, suc	h as card	disc or resp	ratory ar	rest,	Approximata interval Between	nen
Y	IMMEDIATE CAUSE (Final												Onset and De	
	disesse or condition	Gunsho	t wound	ds of	head									
ŀ	reaulting in death)	DUE TO	(OR AS A CONS	SEQUENCE O	F):								+	
_	_													
6	Sequentially list conditions,	OUE TO	(OR AS A CONS	SEQUENCE O	f):									
뒽	if any, leading to immediate cause, Enter UNDERLYING													
CERTIFICATION	CAUSE (Diaease or Injury	DUE TO	(OR AS A CONS	SEQUENCE O	D:						_			
	that initiated events resulting in death) LAST		(011 740 74 00111	JEWOE119E 0	. ,.								į	
<u> </u>		d											+	-
- 6	PART ii. Other significant condition	s contributing to	death but no	t resulting	in the und	eriying	g cause	given in	Part I.	24a. WAS AN		241	. WERE AUTOPSY FINDIN	IGS
ا بې										PERFO			AMAILABLE PRIOR TO COMPLETION OF CAUS	Ε
U									_	XXXXES 2	□ NO		OF DEATH?	
20	1												XXXES 2 NO	
MEDIC														
N: MEDIC														
CIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINED?	Hoopers					ACE OF D	DEATH (C	neck only or	10)				
SICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	☐ ER/Outpatient	3 DOA	OTHER:							SCE	ve	
HYSICIAN: MEDIC	EXAMINER?	1 Inpetient 2	INJURY	28b. TIN	4 Nursir	ng Hom	ie 5 🗆 R		20X246		NJURY OC		NE	
	EXAMINER?  XXES 2 NO  27. MANNER OF OEATH  1 Netural 5 Pending	1 Inpetient 2	INJURY	28b. TIR	4 Nursir	ng Hom	IURY AT	esidence	28d. DE	r (Specify) SCRIBE HOW			VE	
	EXAMINER?  XXES 2 NO  27. MANNER OF OEATH  1 Natural 5 Pending 2 Accident Investigation	28a. OATE 01 (Month, 13—28—	ey, Yoar)	28b. TIN	4 Nursir	R8c. INJ W0	URY AT DRK?	esidence	28d. DE:	or (Specify) SCRIBE HOW Diect	shot	CURED		
B	EXAMINER?  XXES 2 NO  27. MANNER OF OEATH  1 Netural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be	1 Inpetient 2 [ 28a. OATE OI (Month, I) 3-28- 28e. PLACE 6	INJURY	28b. TIN	4 Nursir	ng Home Rec. INJ WO	IURY AT PRICE YES 25	esidence	28d. DE: Suk 28f. Loc City	SCRIBE HOW CONTROL STREET	shot	CURED	Route Number,	
B	EXAMINER?  XES 2 NO  27. MANNER OF OEATH  1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined	1   Inpetient 2   28s. OATE OI (Month, I 3 - 28 - 28e. PLACE 6 building	injury  pay, Year)  9  of injury — At, etc. (Specify)	28b. TIN 10: home, farm,	4 Nursing Part 1 Nursing Part 1 Nursy 1 Nursy 1 Nursy 1 Nursing Part 1 Nursing Pa	ng Home 1 1 'v	URY AT PARK? YES 25	esidence	28d. DE: Sub 28f. Loo City 5909	SCRIBE HOW DECT STATION (Street or Town, State)	shot ond Number Stre	or or Rural		org
PLETED BY PHYSICIAN: MEDICAL	EXAMINER?  XXES 2 NO  27. MANNER OF OEATH  1 Netural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be	1   Inpetient 2   28s. OATE OI (Month, I 3 - 28 - 28e. PLACE 6 building	injury  pay, Year)  9  of injury — At, etc. (Specify)	28b. TIN 10: home, farm,	4 Nursing Part 1 Nursing Part 1 Nursy 1 Nursy 1 Nursy 1 Nursing Part 1 Nursing Pa	ng Home 1 1 'v	URY AT PARK? YES 25	esidence	28d. DE: Sub 28f. Loo City 5909	SCRIBE HOW DECT STATION (Street or Town, State)	shot ond Number Stre	or or Rural	Route Number,	org
B	EXAMINER?  XXES 2 NO  27. MANNER OF OEATH  1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined  29a. CERTIFIER 1 CERTIFYING PLAYS!	1 ☐ Inpettent 2 [ 28a. OATE Of (Month, ( 3 - 28 - 28e. PLACE ( building)	FINJURY  ay, Year)  9 0  FINJURY — At etc. (Specify)  I my knowledge,	28b. TIN IN 10:	4 Nursir BE OF 2 JURY 1 OPN street, factor	ng Hom RBc. INJ WO 1 ry, affic St	URY AT PROPERTY OF THE PROPERT	esidence	28d. DE: Suk 28f. Loo City 5909 COUNT	SCRIBE HOW DJECT ATION (Street or Town, State, Kolb	shot ond Number Stre ryla norer as sta	or or Rural	Route Number, Prince Geo	
COMPLETED BY	EXAMINER?  XES 2 NO  27. MANNER OF OEATH  1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined  29e. CERTIFIER (Check only) 1 CERTIFYING PHYSI	1 □ Inpettent 2 [  28a. OATE 0]  28a. OATE 0]  (Month, 3 - 2 8 -  28e. PLACE 6  building	FINJURY  ay, Year)  9 0  FINJURY — At etc. (Specify)  I my knowledge,	28b. TIN IN 10:	4 Nursir BE OF 2 JURY 1 OPN street, factor	ng Hom RBc. INJ WO 1 ry, affic St	URY AT DRK? YES 25	esidence	28d. DE: Sub 28f. Loc City 5900 COULT to the co	SCRIBE HOW DJECT ATION (Street or Town, State, Kolb	shot  Stre  Tyla  nor as sta  d due to t	ecured or or Rural	Prince Geo	
B	EXAMINER?  XXXES 2 NO  27. MANNER OF OEATH  1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined  29e. CERTIFIER (Check off).	1 □ Inpettent 2 [  28a. OATE 0]  28a. OATE 0]  (Month, 3 - 2 8 -  28e. PLACE 6  building	FINJURY  ay, Year)  9 0  FINJURY — At etc. (Specify)  I my knowledge,	28b. TIN IN 10:	4 Nursir BE OF 2 JURY 1 OPN street, factor	ng Hom RBc. INJ WO 1 ry, affic St	URY AT DRK? YES 25	esidence	28d. DE: Sub 28f. Loc City 5900 COULT to the co	SCRIBE HOW DJECT ATION (Street or Town, State, Kolb	shot  Stre  Tyla  nor as sta  d due to t	or or Rural Det, No.	Route Number, Prince Geo	

111 Penn Street Baltimore MD 21201

James Kaplan,MD

32. REGISTRAR'S SIGNATURE

who Davidson Randoll

31. DATE FILED (Morith, Day, Year)

APR 03 90

DHMH-18 Rev 1/89

DHMH-18 Rev 1/89

		permit. Pages 1, 2, 3 should	
BALTIMORE, MARYLAND 21203-3146	urs after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	redical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a nouns after death. Page 6 may be retained by the hospital or attending physician.	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE OF MA		ENT OF HEALTH AND N	HENTAL HYGIENE					
	1. DECEDENT'S NAME (First, Middle, Lest)  Tames B A	Putter		2. DATE OF DEATH MONTH DAY 0 4 03	90 4:23 P M				
	4. SOCIAL SECURITY NUMBER 5. SEX 1 1 M 2 F		UNDER 1 YEAR IF UNDER 24 HRS.  ITHS DAYS HOURS MIN.	7. DATE OF BIRTH	8. BIRTHPLACE (State or Foreign Country) Va.				
TE STATE	9a. FACILITY NAME (If not institution, give street and number)  Southern Maryland  ESIDENCE OF DECEDENT	10spital 00.	Clinton		e. COUNTY OF DEATH Prince Ceorges				
DIBER	10a. STATE 10b. COUNTY Md. P.G.		own or location inton		10d, INSIDE CITY LIMITS? 1 YES TO THE				
FUNERAL	10e. STREET AND NUMBER 6100 Manor Road		101. ZIP CODE 20735	10	Og. CITIZEN OF WHAT COUNTRY?				
BY FUNE	11. MARITAL STATUS  1 Naver Married 2XXMerried FORCES?	MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMED FORCES?  13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— 1 If yea, apecify Cuban, Maxican, Puerto Rican, atc.)  If yes, Give War DR DATES  1   YES 2 WAN Specify							
COMPLETED									
BE COM	17. FATHER'S NAME (First, Middle, Lest) Ross H. Rutter		18. MOTHER'S NAM Mary C.	NE (First, Middle, Meiden Surn Poole	name)				
10	Pauline E. Rutter		PRESS (Street and Number or Rural Ras 10a-10f.	oute Number, City or Town, St	tate, Zip Code)				
	26s METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	Trinity Mer	M (Name of cometery, cromatory or m. Garden Cemet	ery Wald	ion - City or Town, State				
	22. NAME AND ADDRESS OF FACILITY Lee Funeral Home, Inc. 6633 Old Alexander Ferry Road Clinton, Maryland 20735								
CERTIFICATION	23. PART I. Enter the diseases, or complications that coused the death. Do not anter the mode of dying, such as cardiac or respiratory street, shock, or heart fellure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  a. Our TO (OR AS A CONSEQUENCE OF):								
MEDICAL	PART II. Other algnificant conditions contributing to d	eath but not resulting in the	ne underlying cause given in i	Part I. 24a. WAS AN AUT PERFORMED 1 YES 2	D? AVAILABLE PRIOR TO COMPLETION OF CAUSE				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1 YES 2 ND 12 Inpatient 2 1		26. PLACE OF OEATH (Che						
ВУ РНУ	1 YES 2 OND Impatient 2 Impati	IJURY 26b. TIME OF		28d. DESCRIBE HOW INJUI	RY OCCUREO				
		INJURY — At home, term, atree c. (Specify)	t, factory, office	281. LOCATION (Street and I City or Town, State)	Number or Rural Route Number,				
COMPLETE	29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of medical Examiner: On the best of axe								
TO BE	TITLE OF CENTIFIED	4. Ryan A	D. 29c. LICENSE NUM	943/ 29	od. DATE SIGNED/(Mohth, Day, Your)				
-	( )9401 Fusign Acc	OF DEATH (INEM 27) (TYPO, PHI	FT. WASh	MERN, 1	nd 20144				
LAI	31. DATE FROM John Day, Your 32. REGISTRAR	ndall		,					

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	0	0
	E HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with	E FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the f
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	LLI	8.5.1

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA		RTMENT OF		MENTAL	HYGIEN REG. NO.	E		
100	1. DECEDENT'S NAME (First, Middle, Last)  A. SOCIAL SECURITY NUMBER	Kob	PERSHI			2. DATE O	DA	10 9	O	SOA
	212-12-1584	1X) M 2 □ F 71	yrs. last birthday) YRS.	MONTHS DAYS	HOURS MIN.	Sept	Day, Year)	1918 \	Country) /irgi:	
ECTOR	Prince George's G		tal		verly,	EATN		Prince		
DIREC	19a. STATE 10b. COUNTY	George's		Ilege Pa					1	LIMITS?
	100. STREET AND NUMBER	1.4			IOT. ZIP CODE			10g. CITIZEN		COUNTRY?
BY FUNERAL	9014 Rhode Island  1. MARITAL STATUS  1 Never Merried 2 X Merried  3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	U.S. ARMED 2 XNO	13. WAS D If yes, 1 _ Y	20740 ECENDENT OF NISPA specify Cuban, Mexic ES 2 XNO Speci	iNIC ORIGIN? an, Puerto Ri	(Specify Yea can, etc.)		SA  RACE — A  Black, Wh  Specify: Wh	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 1 2th	completed) College (1-4 or 5+)	160. DECEDENT'S (Give kind of life. Do NOT L	work done during ise retired.)		1500		siness/indus	TRY	
	17. FATHER'S NAME (First, Middle, Last) Archie Roberts		LXterm	iriator	18. MOTHER'S NA	AME (First, Mi	iddle, Maiden	Surneme)	4	
TO BE	190. INFORMANT'S NAME (Type/Print)  Janet DuBusky				k Road,	Route Numbe	w, City or Tow	n, State, Zip Co	de)	
	20g. METHOD of DISPOSITION 1X Burlel 2 Greenetton 3 Green 4 Donetton 5 Diner (Specify)	oval from State F		SITION (Name of	cemetery, cremetory or		20c. LO	CATION — City		state aryland
	21. SIGNATURE OF PRINCIPAL SERVICE LE		~	FRAN	AND ADDRESS OF FA		SONS	FUNI	ERAL	. HOME
	23. PART I. Inter the diseases, promoted in the diseases, promoted in the disease of condition resulting in death)	List pniy ons cause on es	ch line.	RYT	aclu-e				R <sub>9</sub>	Approximate Interval Betw Onset and De 4
CERTIFICATION	Sequentially list conditions, if smy, iseding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR AS A DUE TO (OR AS A		OF):	Mal	Vita	e e			Show
MEDICAL	PART II. Other eignificant condition	a contributing to death be	ut not reaulting	In the undarly	ing cause given in		24a. WAS AN PERFOR 1 YES 2	MED?	AMA COI OF	RE AUTOPSY FINDI JLABLE PRIOR TO MPLETION OF CAUS DEATH? YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 ANO	HOSPITAL: 1   Inputient 2   ER/Outp	ntient 3 🗆 DOA	OTHER:	PLACE OF DEATH (C					
ВУ РНУ	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	26b, TII	ME OF 28c.	NJURY AT WORK?  YES 2 NO	-		NJURY OCCUP	RED	
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec		street, factory, or	fice	261. LOCA City o	TION (Street or Town, State)	end Number or	Rural Floute	Number,
D BE COMPLETED	29a. CERTIFIER 1 Chapt only 1 CERTIFYING PNYS	CIAN To the best of my knowledge. Of the basis of examination								d menner as state
TO BE	38 NAME AND ADDRESS OF PERSON WH	lusuges	MO	o Grinti	DOB)	S4		29d. DATE S	IGNED (MO	nth (bay, Year)
1	HOMAS A. BOX 31. DATE FILED (Month, Day, Year)	SAGERW D		/	way C	To D	1.61	epalo	MA	0 2017
	APR 11'90 9	who Davidson-Par	dell							

3. TIME OF DEATH

8. BIRTHPLACE (State or Foreign

1893 NORTH CAROLINA

11:40 A.M.

YEAR

9c. COUNTY OF DEATH

28, 1990

MARCH

7. DATE OF BIRTH

DEC. 18,

4. SOCIAL SECURITY NUMBER

217-32-1627

IRIS

9a. FACILITY NAME (If not institution, give street and number)

CRUMPLER

1 M 2 XXF

RAWLS

96

8. AGE (In vrs. last birthday)

YRS

IF UNDER 1 YEAR IF UNDER 24 HRS.

9b. CITY, TOWN OR LOCATION OF DEATH

DAYS

	77
o,	within
13140	be executed within 24
<	2
. BC	certificate
7.	death
D	2
2	that
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IVISION OF VITAL RECORDS, P.O. BOX	R ATTENDING PHYSICIAN: The law requires that the death certificate be
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ST. MARY'S NURSING CENTER DIRECTOR LEONARDTOWN, MARYLAND ST. MARY'S RESIDENCE OF DECEDENT 10c, CITY, TOWN OR LOCATION 10e. STATE 10h COUNTY 10d, INSIDE CITY MARYLAND ST. MARY'S LEONARDTOWN 1 TYES 2X NO 10e, STREET AND NUMBER FUNERAL 101 ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 113 CEDAR LANE APARTMENTS 20650 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYPES YEAR IN OUR IF YES, GIVE WAR OR DATES 11 MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, atc. If yee, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES XX NO Specify: 1 Never Married 2 Merried BY 3 XXVidowed 4 Divorced WHITE COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete Elementary/Secondary (0-12) College (1-4 or 5+) 11 HOMEMAKER 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Melden Sumeme) To THOMAS JACKSON CRUMPLER FLORA SIMMONS BE notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 ESTELLE BISHOP 6 SCOTCH PINE COURT, CALIFORNIA, MD. eg 20a METHOD OF DISPOSITION
1 ☑ Burlel 2 ☐ Crametion 3 ☐ Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION — City or Town, State must SALEM CEMETERY WINSTON SALEM, N.C. 4 Donation 5 Other (Specify) 21. SIGNATURE OF LINERAL BEHVICE LICE examiner 22. NAME AND ADDRESS OF FACILITY BRINSFIELD FUNERAL HOME, P.A. LEONARDTOWN, MARYLAND 20650 medical 23. PART I. Enter the diseases, or complications that causes the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata interval Between Onset and Death IMMEDIATE CAUSE (Final the disease or condition event. reaulting in death) OF AS A CONSEQUENCE OF traumatic CERTIFICATION Sequentially list conditions. if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 9 Injury, PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 24e. WAS AN AUTOPSY MEDICAL shows any 1 WES 27 NO 1 YES 2 NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Hem OTHER: 1 VES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA ome 5 - Residence 8 - Other (Specify) 6 27. MANNER OF DEATH 28a, DATE OF INJURY 28b, TIME OF 28c. INJURY AT 28d, DESCRIBE HOW INJURY OCCURED marked. INJURY WORK? 1 📉 Natural 5 Pending M 1 YES 2 NO BY HOSPITAL OR ATTE...
AE FUNERAL DIRECTOR: AfterThin 72 hours after deat
"Ann 28 is investigation 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide ETED 6 Could not be 4 Homicide determined 29e. CERTIFIER
(Check only one)

2 MEDICAL EXAMINED: On the best of my knowledge, death occurred at the time, data end place, and due to the ceuse(e) end manner as stated. COMPL IMPORTANT: IF 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, date end place, and due to the cause(e) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNEO (Month, Day, Year) 29c. LICENSE NUMBER BE D 33470 ▶ 3/29 190 223 2 30. NAME AND ADDRESS OF PERSON WHO PLETED CAUSE OF DEATH SITEM 27) (Type Print) THE SHANTI, LEONARDTOWN, MARYLAND 20650 B. JHAVERI, M.D. 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE MAR 30 190 whice Davidson-Randelle DHMH-16 Rev 1/89

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1. DECEDENT'S NAME (First, Middle, Last	M. Ro	YSTON		OF DEATH	2. DATE MONT	OF DEATH		PYEAR	3. TIME OF DEATH  12:15 PM	
4. SOCIAL SECURITY NUMBER 216-10-7363		SE (In yrs. lest birthda) YRS.	y) IF UNDER	1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.		OF BIRTH h, Day, Year)	دھ	8. BIRTHP Country)	ACE (Chate on Familia)	
9a. FACILITY NAME (If not institution, give  SYKESVIII E  RESIDENCE OF DECEDENT	Idercarc	Cente		TOWN OR LOCATION OF D	EATH			ARK	2011-	
10a. STATE 10b. COUN	ITY	10c. C	CITY, TOWN O	R LOCATION			_	T	10d, INSIDE CITY LIMITS?	
MD	Carroll		Sykes	sville		1			1 YES 2 NO	
10e. STREET AND NUMBER					IOI. ZIP CODE 10g. CITI				TIZEN OF WHAT COUNTRY?	
	309 Second Avenue				21784 U.S.					
11. MARITAL STATUS  1 Never Married 2 Married  3 Wildowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 YOUR IF YES, GIVE WAR OF	ES 2 NO	1 1	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify If yes, specify Cuban, Mexican, Puerto Rican, etc.)  1 YES 2 NO Specify:			or No—	14. RACE — American Indian, Black, White, etc. Specify: White		
15. DECEDENT'S ED (Specify only highest gra-		16a. DECEDENT		CCUPATION furing most of working	168	. KIND OF BUSI	NESS/IND	USTRY		
Elementary/Secondary (0-12)	College (1-4 or 5+)	Ille. Do NOT	use retired.)	owney must be stutning						
		Work	er					er S	hoe Fact	
17. FATHER'S NAME (First, Middle, Last)					IAME (First, Middle, Melden Surname)					
Robert Ford I	Dean				lia Mae Joy					
19a. INFORMANT'S NAME (Type/Print)				(Street and Number or Rural						
Beverly M. L.		1802	Fairt	rield Ave.	We	estmin	ste	r, M	D 21157	
20a METHOD OF DISPOSITION	movel from State	other place)				-		City or Tow		
4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE (		Leicte								
21. SIGNATURE OF FUNERAL SERVICE I	100000	TIC TO CC		Church Cem		ry wes	tmi	nste	r MU	
	LICENSEE	DC 13 CC	22. 1	NAME AND ADDRESS OF F	ACILITY					
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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
M. MCZYOY PO BOX 1229 SYKES VILLE

31. DATE FILEO (Month, Day, Year)

DNMN-16 Rev 1/89

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BALTIMORE, MARYLAND	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Jurs after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	Pince	thy filled in ation, or re	the med
13146,	executed within	and completel to burial, crema	matic event,
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	certificate be	ling physician ygiene prior t	other trau
DS, P.(	the death of	y the attend	Injury, or
RECOR	requires tha	oeen signed 1	shows any
VITAL	IAN: The law	rtificate has the State Dept	or item 23
ON OF	DING PHYSIC	After this ce death with th	s marked,
DIVISIO	OR ATTEN	DIRECTOR: hours after	Item 28 lt
	THE HOSPITAL	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the i be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burlal, cremation, or removal.	MPORTANT: If
	-	- 0	_

31. DATE FILED (Month, Day, Year)
APR 6 90

p. REGISTBAR'S SIGNATURE Fulia Davidson-Randoll

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	AND / DEPARTM CERTIFICA				GIENE G. NO.	30	1120
i i	1. DECEDENT'S NAME (First, Middle, Lest)	Le Ride	enour			2. DATE OF DE	SATH	970	TIME OF DEATH
	216-22-8342					7. DATE OF BIRTH (Month, Dey Year)  Maryland  8. BIRTHPLACE (State or Foreign Country)  Maryland			
TOR	98. FACILITY NAME (If not institution, give atreet end number)  98. CITY, TOWN OR LOCATION OF DE  10. CITY,				Washington				
DIRECTOR	10a. STATE 10b. COUNTY  Maryland Washi	ngton	Boons	wn or locat	ION				Dd. INSIDE CITY LIMITS?  VES 2 NO
FUNERAL	100. STREET AND NUMBER  20927 San Mar Ro				21713		U	S.A.	
BY	11. MARITAL STATUS 1 Never Merried 2 Merried 2 Wildowed 4 Divorced	I2. WAS DECEDENT EVER IN FORCES? 1 ☐ YES IF YES, GIVE WAR OR DA	2 NO	If yes, spi	ENDENT OF HISPAN activ Cuben, Maxicer 2 NO Specify	n, Puarto Rican,		14. RACE — Black, V Specify:	American Indien, White, etc. White
COMPLETED	15. DECEDENT'S EDUCA' (Specify only highest grade co Elementary/Secondary (0-12) 7yrs.	(Give kind of work life. Do NOT use rat	ECEDENT'S USUAL OCCUPATION  Sive kind of work done during most of working  B. Do NOT use ratified.)  HOMEMAKEY			16b. KIND OF BUSINESS/INDUSTRY  Personal Residence			
BE COM	17. FATHER'S NAME (First, Middle, Last) Clifton		Smith	18. MOTHER'S NAME (First, Middle, Maid Florence			Maiden Sumame, May		
TO B	190. INFORMANT'S NAME (Type/Print)  190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  Lon E. Ridenour  21321 Mt. Lena Rd. Boonsboro, Maryland 21713								
	20a. METHOD OF DISPOSITION  *\( \) Buriel 2 \  Cremetton 3 \  Remove  4 \  Donation 5 \  Other (Specify)					20c. LOCATION — City or Town, State  Mt. Lena , Maryland			
	21. SIGNATURE OF FUNERAL SERVICE LICEN Douglas A. Fier		A. Finn		o address of Fac uneral H	760	06 Boon onsboro		Pike land 21713
	23. PART I. Enter the diseases, or con ahock, or heart failure. Lin	mplications that caused	the death. So not each line.	enter the mo	de of dylng, aucl	h ae cerdiac o	r reapiratory a	errest,	Approximate Interval Between Onset and Death
	IMMEDIATE CAUSE (Fine) disease or condition resulting in death)  a. Due to rote as a consequious or						1		
TION	Sequentially list conditions, if any, leading to immediate							luk.	
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):	/ ch	plestero	<u>C•</u>			
_	PART II. Other algnificant conditions	contributing to deeth be	ut not resulting in ti	ne underlyin	g cause given in		WAS AN AUTOPS PERFORMED?,		/ERE AUTOPSY FINDINGS MAILABLE PRIOR TO
PHYSICIAN: MEDICA						1	YES 2 THO	٥	OMPLETION OF CAUSE IF DEATH?  YES 2 NO
ICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1								
	27. MANNER OF DEATH  1 Natural 5 Pending	28e. OATE OF INJURY (Month, Day, Year)				6 Uniter (Specify)  28d. DESCRIBE HOW INJURY OCCURED			
TED BY	2 Accident Investigation 3 Sulcide a Could not be 4 Homicide determined	28e. PLACE OF INJURY building, atc. (Spec	28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify)			28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
COMPLET	29e. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, dete end place, end due to the cause(e) and menner ee stated.  2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) end menner ee stated.								
BE	29b. SIGNATURE AND TITLE OF CONTIFIED	Keylen m	D		29c. LICENSE NUM	6579	29d. D	4/5/9	Aonth, Day, Year)
6	30 NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATM (ITEM 27) (Time Del	-et				77 1	

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2	PHYSICIAN:	
DIVISION OF VITAL RECORDS, 7.0. BOX 13149	HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 in	
5	R	
	HOSPITAL	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	FOR STATE REGISTRAR	STATE OF MARY			HEALTH AND	MENTAL HYGIENI REG. NO.	E			
i l	1. DECEDENT'S NAME (First, Middle, Last)	THOMAS	Ry	IAN		2. DATE OF DEATH DAY MONTH DAY MARCH 26,	1990	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER  577-10-6923  98. FACILITY NAME (If not institution, give	1 XM 2 - F	76 vies.	MONTHS DAY	S HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) OCT. 22, 1	.913 WA	SHINGTON, D.C		
DIRECTOR		PITAL			VER SPRING		9c. COUNTY OF MONT	GOMERY		
띮	10e. STATE 10b. COUNT		10c. C	ITY, TOWN OR LO				10d. INSIDE CITY LIMITS?		
- 1	MARYLAND  10s. STREET AND NUMBER	MONTGOMERY		SILVE	R SPRING		10a, CITIZEN OF	1 YES 2 NO WHAT COUNTRY?		
EB	12715 LAYHILL	ROAD, #101			20906		USA			
BY FUNERAL	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 12 YE IF YES, GIVE WAR OR	S 2 NO DATES	if yes	DECENDENT OF HISPAI , specify, Cuban, Mexica YES 2 1 NO Specif		Bla	E — American Indien, ck, White, etc. city: WHITE		
ETED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)	(Give kind of work done during most of working  College (1-4 or 5+)								
COMPL	10 17. FATHER'S NAME (First, Middle, Last)		WHOLE	SALE BR		MEAT CO				
	THOMAS JEFFERSO	N RYAN			FANNY	ME (First, Middle, Maiden LASHO				
O BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILIN	G ADDRESS (Str		Route Number, City or Town		20906		
F	CARMAN COLLINS RY							G, MARYLAND		
į	1 XBurial 2 Cremation 3 Red 4 Donation 5 Other (Specify)	moval from State	other place) GATE OF		CEMETERY		CATION - City or 1	NG MARYLAND		
	21. SIGNATIFIE OF PONEITAL BETTYGE L			22. NAM	E AND ADDRESS OF FA	CILITY		INC. , MD 20901		
	23. PART I. Enter the diseases, or shock, or heart failure	complications that caus List only pne cause pn	ed the death. Do	not enter the	mode of dying, suc	h as cardiac or reapi	ratory arreat,	Approximate interval Between		
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)	CHRO	MIE (	BIT	RUCTI	YE CANG	FDISEN	Oncet and Death		
		DUE TO (OR AS	A CONSEQUENCE	OF):						
	Sequentially list conditions, if any, leading to immediate	b. DUE TO (OR AS	PNE	0F):	- 11-	Λ.	C 0			
RTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	c. DUE TO (OR AS	A CONSEQUENCE	571) OF:	E HE	ART	1-H)C	, KIE		
CERT	resulting in death) LAST	d		-						
SALC	PART II. Other significant condition	ona contributing to death	but not resulting	g in the under	ying cause given in	Part I. 24a. WAS AN PERFOR		b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE		
MED						1 _ YES 2	Жио	DF DEATH? 1 YES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	T		20	8. PLACE OF DEATH (C/	seck only one)				
SIC	EXAMINER?  1 VES 2 NO	HOSPITAL:	utpetient 3 🗆 DOA	OTHER:	Home 5 - Residence					
崩	27. MANNER OF DEATH  t Natural 5 Pending	28a. DATE OF INJUR (Month, Day, Year	Y 26b. T	NJURY	INJURY AT WORK?	28d. DEŞCRIBE HOW I	NJURY OCCURED			
D BY	2 Accident Investigation 3 Suicide 6 Could not be	28a PLACE OF INJUI	RY — At home, farm		YES 2 NO	281. LOCATION (Street a City or Town, State)		l Route Number,		
	4 Homicide determined									
COMPLETED	(Check only	SICIAN: To the best of my kn						(s) and manner as stated.		
O BE	29b. SIGNATURE AND TITLE OF CERTIFIC	low, M.	D.		D 199	MBER )	≥ ©3	D (Month, Pay, Year)		
-	K, SVD HAKI	HO COMPLETED CAUSE OF	DEATH (ITEM 27) (TY	pe, Print) (AR	Poce t	145 42	m, of	ROMA PARK		
	MAR 3 0 90	211, 10, 10, 10, 10, 10, 10, 10, 10, 10,								

3. TIME OF DEATH
4:07A

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	Pages 1		
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	TOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use	R	
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	detacl		28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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TO BE COMPLETED BY FUNERAL DIRECTOR

BALTIMORE, MARYLAND 21203 ours after death. Page 6 may be retained by the hospital or att TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be esecuted within TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completel be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, crema imPORTANT. If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

4. SOCIAL SECURITY NUMI	BER	5. SEX	6. AGE (In yrs. les		MONTHS DA		R 24 HRS.		OF BIRTH I, Day, Year)		8. BIRTHPLA Country)	CE (State or Foreign
214-07-766	•	1 M 2 X F	79	YRS.				01/	14/191			LAND
9a. FACILITY NAME (If not in						WN OR LOCATI	ON OF D	EATH			TY OF DEATI	
Memorial	-	ital			Ea	ston				T	albot	
RESIDENCE OF DEC	10b. COUNTY			L 40 - 01T	Y, TOWN OR LO	20171011					La	
				100, 011								I. INSIDE CITY LIMITS? YES 2 NO
MARYLAND  10e. STREET AND NUMBER		HESTER			CAMB	RIDGE 101, ZIP COD	E			10a CITIZ	EN OF WHAT	
		TITE								-		COONTRY
503 RADIA	NCE DK		IT EVER IN U.S.AR	MED	12 1/40	21613		UC OBION	7 (Specify Yee		S.A.	American Indian.
1 Never Married 2 3 3XX Wildowed 4 Dive		FORCES? 1	YES 2 X N		If yes	HES 2 NO	en, Mexica	in, Puerto I		04 140-	Black, Wi Specify:	
(Specify on	EDENT'S EDU	CATION completed)	(G		USUAL OCCUI		ing	16b	KIND OF BUS	SINESS/INDI	USTRY	
Elementary/Secondary (		College (1-4 or 5	+)					CT	OTHER	MANTE	IT A CITY	DING
6th grad				SEAM	STRESS	40.500	146010 AL		OTHING		JFACTU	RING
										sumame)		
GEORGE	ABBOTT		T		ADDRESS (Str		- 12	TH		o Otar: 3:	Code	
ALAN MENTER IN COLUMN		(00)-1										
WILMER P. R		1 /			UENA V			E, C			D. 2	
20a METHOD OF DISPOSIT		oval from State	other pla	nce)								7000
4 Donation 6 Other		TENDER	45		MEMOR	LAL PA		CHTTV	CAM	RKIDG	E, MA	RYLAND
Yan	a.	1	MOO 7	18	Treasure.	RRAN F			OME			
"LACULER	nove	sex-12	MULL	ll	30	8 HIGH	ST.	, CA	MBRIDG	E. ME	21	613
23. Enter the	liseases, or	complications the	st caused the de	ath. Do								Approximate interval Between
Occasional Possib												
disease or condition resulting in death)	immediate cause (Final disease or condition resulting in death)  a. Arthroschetic Cardiovascular Disease											
		DUE TO	(OR AS A CONSE	DUENCE O	F):							
Sequantially list condi-	lone.	b										
if any, leading to imme	diate o	DUE TO	OR AS A CONSE	DUENCE O	F):							
cause. Entar UNDERLY CAUSE (Disease or inju		c										
that initiated evants resulting in death) LAS	T.	DUE TO	OR AS A CONSE	DUENCE O	F):							
resulting in death, Exc		d										
PART il. Other aignifica	ant condition	ns contributing to	death but not i	esuiting	in the undar	lying cause	given in	Part I.	24a, WAS AN			RE AUTOPSY FINDINGS
									PERFOR	•	00	MILABLE PRIOR TO MPLETION OF CAUSE
									1 [] YES 2	No.		DEATH?
							_	_			11	YES 2 NO
25. WAS CASE REFERRED 1	MEDICAL	T			-	6. PLACE OF	OF ATH (C)	beat anti-a	20)			
EXAMINER?		HOSPITAL:	() E0(0.45-31-3.4	C 200	OTHER:							
27. MANNER OF GEATH		26e. DATE O	ER/Outpatient 3	28b. TIN		Home 5 A	lealdence		SCRIBE HOW I	NJURY OCC	CURED	
	Pending	(Month,	Day, Year)	IN.	JURY	WORK?	□ NO	200.00	younge moure		301123	
2 Accident	Investigation	26e PLACE	OF INJURY — At he	me ferm				281 1.00	ATION (Street	and Mumber	or Bural Bout	a Mumber
3 Suicide 6 Homicide	Could not be determined	building	, etc. (Specify)	, , , , , , , , , , , , , , , , , , , ,	ativat, inctory,	OIIIO O			or Town, State)		Or Horar Produc	e Number,
29e. CERTIFIER												
(Check only		ICIAN: To the best o										
2 MEC	DICAL EXAMINI	ER: On the basis of	examination end/or	Investigation	on, in my opini	on, death occi	ured at the	e time, dete	and plece, er	nd due to th	e cause(e) er	id menner as stated.
296. SIGNATURE AND TITL	E OF CERTIFIE	R				29c. LIC	ENSE NU	MBER		29d. DATI	E SIGNED (M	opth, Day, Year)
00	1	الله د				1	124	76	9	<b>3</b>	1301	90
30. NAME AND ADDRESS C	F PERSON WI	O COMPLETED CAL	SE OF DEATH (ITE	M 27) (Type				0	7	NA A		-10
h. Thomas	Di	viled 1	19.D.	P	0 Bo	x822		Ca	ros	1 Luci	12 (	60 1
31. DATE FILED (Month, Day,			AR'S SIGNATURE									
APS	7 02 '9	30	Julia David	50N-A	andell							
			/									DHMH-18 Rev 1/89

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Artem siret. Indianamenta Survey

31. DATE FILED (Month, Day, Year)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

Dr. P. Gregory Rausch, M.D., 4 West Seventh St., Frederick,

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be malified at once

the burnal-transit permit. Pages 1, 2, 3 should

	FOR 1 - STATE REGISTRAR	STATE OF N			TMENT OF I		MENTAL	L HYGIEN		U	11233	
	1. DECEDENT'S NAME (First, Middle, Last)				IOAIL OI	DEATH		OF DEATH		3.	TIME OF DEATH	
	Thomas	F.	ROTHE	NHOE	FER		Marc	h 27.	1990	/EAR	10:35 P. M	
	4. SOCIAL SECURITY NUMBER 219-12-2371	6. SEX	6. AGE (In yrs. In		IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE	of BIRTH 1, Day, Year) Cember	6		ACE (State or Foreign Maryland	
TOR	90. FACILITY NAME (If not Institution, give 204 East Third ST		04			or LD CATION OF I	DEATH	JOINE 02	9c. COUNT		гн	
DIRECTOR	10e. STATE 10b. COUNT	rederick		10c. CIT	y, town on Loca Frederi					Od. INSIDE CITY LIMITS?  X YES 2 NO		
FUNERAL	100. STREET AND NUMBER 204 East Third	Street			10	f. ZIP CODE 2170]				S.A	AT COUNTRY?	
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	LYES 2	NO	If yes, sp	DENDENT OF HISP pecify Cuben, Mexic 3 2 NO Spec	can, Puerto F		s or No 1		American Indian, white, etc.	
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5+)  B  16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of work life. Do NOT use retired.)  Driver							of working  16b. KIND OF BUSINESS/INDUSTRY  Laundry				
OME	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S N	IAME (First 4					
	Martin C. Rothen	noefer				Nellie						
BE	19a, INFORMANT'S NAME (Type/Print)	roerer	19	Db. MAILING	AOORESS (Street					ode)		
5	Teresa R. Masser				Box 328					000)		
	20b. PLACE OF DISPOSITION (Name of cometery, cremetery or the place)  20c. LOCATION — City or Town, so the place of the place)  20c. LOCATION — City or Town, so the place of the place)  20c. LOCATION — City or Town, so the place of the pl									aryland		
	23. PART I. Enter the diseasea, or ahock, or heart felture.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. A C	OR AS A CONSE	e.	npt enter the me	ode of dying, su					Approximate interval Between Onset and Death	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  b.   EXECUSE (OG OG OG OG OG OG OG OG OG OG OG OG OG O											
MEDICAL	DART II Other cignificant and distance and the standard by the									ERE AUTOPSY FINDINGS MALABLE PRIOR TO OMPLETION OF CAUSE F DEATH?  YES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	LACE DF DEATH (				<u> </u>		
	1 Ves 2 00  27. MANNER OF DEATH  1 Netural 5 Pending	1 Inpetient 2 I	INJURY	26b. TII	NE OF 28c. IN	JURY AT ORK? YES 2 ND			INJURY OCCU	RED		
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE ( building	of INJURY — At h	ome, farm,	street, factory, offi			ATION (Street or Town, State	and Number of	r Rurel Rou	te Number,	
COMPLET	one)	SICIAN: To the best of									nd manner as stated.	
BE CC	296. SIGNATURE AND TITLE OF CERTIFIE	Zh.				29c. LICENSE N			29d. DATE	1	Sonth, Day, Year)	

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BALTIMORE, J

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in	De nied within 72 hours aner death with the State Dept. Of neather and mental hygierie prior to buried, defination, or	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the me	
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	1 - STATE REGISTRAR	STATE OF MA			ICATE					HYGIEN REG. NO.	_			
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF			YEAR	3. TIME OF DEATH	
	ALBERT EARLE	ROBIN	SON						0 3	28		0	2:00 P M	
			7.5		IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF (Month, L	BIRTH Day, Year)		Country		
		E m a U i	13	YRS.						30 I			yland	
œ	9e. FACILITY NAME (If not institution, give street						R LOCATIO	ON OF DE	ATH	9c. COUNTY OF DEATH				
5	Route 1, Box 78	88			Eas	stor	1			Talbot				
DIRECTOR	Maryland Talbo	ot			ton	OR LOCAT	TION				10d. INSIDE CITY LIMITS? 1 YES 2 NO			
AL	10e. STREET AND NUMBER		101. ZIP CODE							HAT COUNTRY?				
ER	Route 1, Box 78			21601										
BY FUNERAL	11. MARITAL STATUS  1 Never Merried 2 Merried  3 Widowed 4 Divorced	1 YES 2 NO Specify:						Specif	- American Indian, White, etc. y: 110					
	15. DECEDENT'S EDUCATE (Specify only highest grade con		16a, DE	CEDENT'S	Work done	CCUPATIO	ON st of workin	a	16b. K	IND OF BUS	SINESS/IN			
	Elementary/Secondary (0-12)							TT (	a r	000+	Office			
COMPLETED	17, FATHER'S NAME (First, Middle, Lest)		rı	ıraı	ca	rrı		ACDIO MAI	ME (First, Mic			ost	Ullice	
ĕ	William W. Robi	neon					- 1-23		Smi 1		Sumame)			
*	19e. INFORMANT'S NAME (Type/Print)	113011	198	MAILING	ADDRES	S (Street a			Route Number		n, State, Zi	p Code)		
押	Bessie L. Robir	nson	100						ton 1		2160			
1	20e. METHOD OF DISPOSITION 3/3] 1 XBuriel 2 Cremation 3 Remova	other ple	E OF DISPOSITION (Name of cometery, crematory or blace)						20c. LOCATION — City or Town, State  Easton, Maryland					
	21. SIGNATURE OF FUNERAL SERVICE LICEN		22.	NAME A	ND ADDRES	SS OF FA	CILITY		0001	,	22/24114			
	M. E. Newwe	am I	CFS	3.P.					ral l ylan		1601			
	23. PART I. Enter the diseases, Dr com shock, Dr heart failure. Lie				not enter	tha mo	da of dy	ng, auci	h aa cardla	c or reap	iratory ar	reat,	Approximata Interval Between	
	IMMEDIATE CAUSE (Final disease or condition resulting in death)  a. METASTATIC LARGE CELL LYMPHOMA									Onset and Death				
	OUE TO (OR AS A CONSEQUENCE OF):													
CERTIFICATION	Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):													
S	cause. Enter UNDERLYING CAUSE (Disease or injury													
E	thet initiated events resulting in death) LAST	OUE TO (	OR AS A CONSEC	DUENCE C	IF):									
병	d												İ	
PHYSICIAN: MEDICAL	PART II. Other significant conditions of	ontributing to c	leeth but not n	eauiting	in the u	nderlyin	g ceuse (	given in		PERFOR	RMED?	24b.	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
2														
M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:					LACE OF D	EATH (Ch	eck only one)			- 1		
YSIC	1 NES 2 NO 1		6A/Outpatient 3	□ DOA	4 Nu	R: rsing Hom	1 8 X R	sidence	8 🗆 Other (	Specify)				
ВУ РН	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF I (Month, De)		28b. TII	ME OF JURY M	28c, INJ WC	PRK?	] NO	28d. DESC	RIBE HOW I	NJURY OC	CURED		
	3 Suicide 6 Could not be determined	28e. PLACE OF building, e	INJURY — At ho tc. (Specify)	me, farm,	straet, fac	tory, offic	•			TON (Street Town, State)		or or Rural R	loute Number,	
COMPLETED	299. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: 0												) end manner ee stated.	
B	296. SIGNATURE AND TITLE OF CERTIFIER	EFE.	M,D.				29c. LIC	ENSE NUI	MBER 259		29d. DA	TE SIGNED	(Month, Day, Year)	
5	30. NAME AND ADDRESS OF PERSON WHO C	COMPLETED CAUSE	of Death (ITE	A LL		LAN	-1	D.A.	Stor1	, Mc	21	1-1		
	St. DATE FILED (Month, Day, Year)	32. REGISTAR	'S SIGNATURE	40		7414	-	ر الم	2100	)	,			
	MAR 30 '90	gren	a Caurdson	-gan	date									

TO BE COMPLETED BY FUNERAL DIRECTOR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR			C	ERTIFIC	ATE C	F DEAT	Н	RI	EG. NO.		
1. DECEDENT'S NAME (First,	Middle, Last)							2. DATE OF D	DEATN DAY	YEAR	3. TIME OF DEATN
Ruth	Ε.	Saunders					- 1	. 3	31	90	12.33 P.M
4. SOCIAL SECURITY NUMB	ER	5. SEX 6. A	GE (In yrs. le	st birthday) IF	UNDER 1 YEA	AR IF UNDER	24 HRS.	7. DATE OF B	HRTH 7.0	A DIET	THPLACE (State or Foreign
218-56-279	9	1 - M 2 X F	87	YRS. MO	NTHS DAY	S HOURS	MIN.	August	y, Year) 19 + 30		orth Dakota
9a, FACILITY NAME (If not ins	attention who at	mot and number)		0.0	CITY TO	VN OR LOCATION	ON OF DE			county of	
Shi As a Car	stitution, give st		/					AIN	30	a COUNTY OF	CEATH
JUMBY GROU	IF ITD	UENTIST A	OSPITA	46	Ro	ckvill	Le			Montg	omery
RESIDENCE OF DEC	10b. COUNTY			10c. CITY, T	OWN OR LO	CATION					10d, INSIDE CITY
Maryland											LIMITS?
	MOIL	gomery		Roc	kvill						1 X YES 2 NO
10e. STREET AND NUMBER						101. ZIP CODI	E		10	g. CITIZEN OF	WHAT COUNTRY?
1235 Poto	mac Va	lley Road				20850	)		U	nited	States
11. MARITAL STATUS		12. WAS DECEDENT EV				DECENDENT C				No- 14. RAI	CE — American Indian, ick, White, atc.
1 Never Married 2		FORCES? 1 1 1		NO		, specify Cuba YES 2 NO			1, atc.)		olfy:
3 Widowed 4 Divo	roed		1,000			X					White
	EDENT'S EDUC		16a. D	ECEDENT'S US	UAL OCCUP	PATION		16b. KIN	ID OF BUSINE	SS/INDUSTRY	
	highest grade	completed) Coflege (1-4 or 5+)	- (0	Sive kind of work a. Do NOT use re	k done durinį etired.)	g most of working	ng				
Elementary/Secondary (0	-12)	4		Homema:	ker			07	wn Hom		
47 F4711F010 11111 67 1 1 1	telette t c = 11					T en age-	uenie	ME (First, Middle			
17. FATHER'S NAME (First, M		nal saless						,,		rame)	
		nglesby				l N	Not A	vailab	ole		
19a. INFORMANT'S NAME (7)			11	Db. MAILING AD	DRESS (Str	eet and Number	r or Rural R	loute Number, C	Dity or Town, St	tate, Zip Code)	
John P. S.	aunder	s		Rt. 1,	Box	1619,	Mant	eo, No	orth C	arolin	a 27954
20a. METHOD OF DISPOSITI	ION		20b. PLACE	OF DISPOSITI						tON — City or	
1 Donation 5 Other		ovat from State	Mon	tgomer	v Cre	matori	11m	Inc	Rotho	cda M	aryland
21, SIGNATURE OF FUNERAL		ENCEE	11011	cy omer.					Bethe	sua, M	aryland
21. SIGNATURE OF PUNERA	/ / C	ENSEE /		0046	Robe	rt A	Pump	hrey E	Tunera	1 Home	/Rockville,
Mich	17	Lhoon	. MO	0846	Rock	ville,	Mar	yland	2085	o-2805	е
23. PART i. Enter the di	seases, or c	omplications that ca	used the d	eath. Do not							Approximate
shock, or he	eart fallure.	List only one cause of	on each lin	e.							interval Between
IMMEDIATE CAUSE (Fir	nai	10	/ .	1 -	+	- /	2	0.1			Onset and Death
disease or condition	<b>→</b>	a. Cora	107	10/0s	200	ry a	enje	3t			
		DUE TO (OR	AS A CONSI	EQUENCE OF):		//					
	- Status post Cardix bulmonary arrest										
Sequentially list conditions,  Due TO (OR AS A CONSEQUENCE OF):								0/16	37		1
		DUE TO (OR	AS A CONSI	Coral:	opu	Mark	7	W/12	47		
if any, leading to imme- cause. Enter UNDERLY	diata ING	DUE TO (OR  ANOVI	AS A CONSI	Coralised EQUENCE OF:	opu hal	Shart	Ly	00/12	47		
if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inju	diata ING	b. Status 7 DUE TO (OR  QUE TO (OR	c E	EQUENCE OF):  OCLS  EQUENCE OF):	hal	spal	Ly		47		
if any, leading to imme- cause. Enter UNDERLY	dieta ING Iry	Anoxi	c E	EQUENCE OF):  POLS  EQUENCE OF):	hal hal	spect	Ly	W// E	<u> </u>		
if any, leading to imme cause. Enter UNDERLY! CAUSE (Disease or inju that initiated events	dieta ING Iry	Anoxi	c E	EQUENCE OF):  SC	bpu hal bsi	spal	Ly	W// E	47		
if any, leading to imme cause. Enter UNDERLY! CAUSE (Disease or inju that initiated events	diata ING ary	c. ANUXIO QUE TO JOR d. ROBA	AS A CONSI	seg	hal bsi	XMONING CAUSE	Ly		a. WAS AN AUT		4b. WERE AUTOPSY FINDINGS
If any, leading to imme cause. Enter UNDERLIC CAUSE (Disease or inju that initiated events resulting in death) LAS	diata ING ary	c. ANUXIO QUE TO JOR d. ROBA	AS A CONSI	seg	hall beinthe under	Manus Manus	Ly	Part I. 24	a. WAS AN AUT	D7	AVAILABLE PRIOR TO COMPLETION OF CAUSE
If any, leading to imme cause. Enter UNDERLIC CAUSE (Disease or inju that initiated events resulting in death) LAS	diata ING ary	c. ANUXIO QUE TO JOR d. ROBA	AS A CONSI	seg	hall bsi the under	Manus Spart	Ly	Part I. 24	a. WAS AN AUT	D7	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
If any, leading to imme cause. Enter UNDERLIC CAUSE (Disease or inju that initiated events resulting in death) LAS	diata ING ary	c. ANUXIO QUE TO JOR d. ROBA	AS A CONSI	seg	hall beinder	Spat	Ly	Part I. 24	a. WAS AN AUT	D7	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
If any, leading to immer cause. Enter UNDERLY CAUSE (Disease or injuthat initiated events resulting in death) LAS	ent condition	c. ANUXIO QUE TO JOR d. ROBA	AS A CONSI	seg	or g	faile	given in	Part I. 24	a. WAS AN AUT	D7	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
If any, leading to immecause. Enter UNDERLY! CAUSE (Disease or injuthat initiated events resulting in death) LAS PART II. Other aignifics  WAS CASE REFERRED 7	ent condition	c. ANNY OF TO GORD OF	AS A CONSI	SG resulting in Alco	of g	Spate of the place	given in	Part I. 24	a. WAS AN AUT	D7	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
If any, leading to immer cause. Enter UNDERLY CAUSE (Disease or injuthat initiated events resulting in death) LAS	ent condition	c. ANUXIO QUE TO JOR d. ROBA	as a consi ble of the but not	S G	OTHER:	faile	given in	Part I. 24	a. WAS AN AUTPERFORME	D7	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
If any, leading to imme cause. Enter UNDERLY: CAUSE (Disease or injuthat initiated events resulting in death) LAS  PART II. Other algnifics  AND ANY  25. WAS CASE REFERRED T EXAMINER?	ent condition	d. ANN// pue to one d. ANN	AS A CONSI	resulting in Alco-	OTHER:  Nursing OF 28	BB. PLACE OF E	given in	Part I. 24	a. WAS AN AUTPERFORME  YES 2	D7	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
If any, leading to imme cause. Enter UNDERLY! CAUSE (Disease or injuthat initiated events resulting in death) LAS  PART II. Other algnifics  WAS CASE REFERRED T EXAMINER?  1   YES 2   NO  27. MANNER OF OEATH	ent condition  O MEDICAL  Pending	d. ANN// gue to one d. ANN// gue to one d. ANN// de contributing to dea Congest	AS A CONSI	resulting in	DTHER:  Nursing OF 286	A. PLACE OF E	given in	Part I. 24	a. WAS AN AUTPERFORME  YES 2	NO	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
If any, leading to immer cause. Enter UNDERLY CAUSE (Disease or injuthat initiated events resulting in death) LAS  PART II. Other aignification of the cause of t	ant condition  TO MEDICAL  Pending trivestigation	d. PURITOR OF THE PROPERTY OF	AS A CONSIDER OF THE PROPERTY	resulting in ALC  3 DOA 4  28b. TIME	DTHER:  Nursing OF 286	Home 5   R C. INJURY AT WORK?	given in	Part I. 24-	e. WAS AN AUTPERFORME  YES 2  Opecify)  IBE NOW INJU	NO NO URY OCCUREO	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
If any, leading to imme cause. Enter UNDERLY CAUSE (Disease or injuthat initiated events resulting in death) LAS  PART II. Other aignification of the cause of th	ent condition  O MEDICAL  Pending	d. ANN// pue to one d. ANN	AS A CONSI	resulting in ALC  3 DOA 4	DTHER:  Nursing OF 286	Home 5   R C. INJURY AT WORK?	given in	Part I. 24	e. WAS AN AUTPERFORME  YES 2  Opecify)  IBE NOW INJU	NO NO URY OCCUREO	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
If any, leading to immer cause. Enter UNDERLY CAUSE (Disease or injuthat initiated events resulting in death) LAS  PART II. Other algnifica  25. WAS CASE REFERRED TEXAMINER?  1   YES 2   NO  27. MANNER OF CEATH  1   Netural 5   2   Accident 3   Suicide 8   4   Homicide	on MEDICAL  Pending trivestigation  Could not be	d. PLACE OF INJ	AS A CONSI	resulting in ALC  3 DOA 4	DTHER:  Nursing OF 286	Home 5   R C. INJURY AT WORK?	given in	Part I. 24	a. WAS AN AUTPERFORME  YES 2  Pecify)  IBE NOW INJU	NO NO URY OCCUREO	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
If any, leading to immer cause. Enter UNDERLY CAUSE (Disease or injuthat initiated events resulting in death) LAS  PART II. Other aignification of the cause of t	ant condition  O MEDICAL  Pending trivestigation  Could not be determined	d. PLACE OF INJ	AS A CONSIDER OF THE PROPERTY	resulting in ALC  3 DOA 4  28b. TIME INJUR	DTHER: Nursing OF 286 Y M 1	Home 5   R Home 5   R WORKY AT WORKY 2   Office	given in	Part I. 24	a. WAS AN AUTPERFORME  PERFORME  YES 2  Pecify)  BE NOW INJUINATION  ON (Street and own, State)	URY OCCUREO	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
If any, leading to imme cause. Enter UNDERLYI CAUSE (Disease or injuthat initiated events resulting in death) LAS  PART II. Other alignifics  LY AND AND AND AND AND AND AND AND AND AND	TO MEDICAL  Pending trivestigation  Could not be determined	d. QUE TO OR d. QU	AS A CONSIGNATION OF THE PROPERTY OF THE PROPE	resulting in  ACC  3 DOA 4  28b. TIME INJUE	DTHER:   Nursing	Home 5   R Home 5   R WORK? VES 2   office	given in	Part I. 244  1   1   244  Beck only one)  8   Other (S)  28d. DE\$CRI  28f. LOCATIC City or R	e. WAS AN AUTPERFORME PERFORME VES 2  Peolity)  IBE NOW INJU  ON (Street and fown, Strete)	URY OCCUREO  Number or Run  or as stated.	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
If any, leading to imme cause. Enter UNDERLY CAUSE (Disease or injuthat initiated events resulting in death) LAS  PART II. Other aignification of the cause of th	ent condition  To MEDICAL  Pending trivestigation  Could not be determined  THEYING PNYS  DICAL EXAMINE	DUE TO OR  DUE TO OR	AS A CONSIGNATION OF THE PROPERTY OF THE PROPE	resulting in  ACC  3 DOA 4  28b. TIME INJUE	DTHER:   Nursing	Home 5 R. PLACE OF E. INJURY AT WORK?  VES 2 office  data and place from death occurrence on, death occurrence of the control	given in	Part I. 24	a. WAS AN AUTPERFORME  YES 2  Decify)  DN (Street and own, State)  a) and manned d place, and d	NUMBER OF BUILDING STATES OF SELECTION OF SE	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  N A  al Route Number,
If any, leading to imme cause. Enter UNDERLYI CAUSE (Disease or injuthat initiated events resulting in death) LAS  PART II. Other alignifics  WAS CASE REFERRED TEXAMINER?  1   YES 2   NO  27. MANNER OF OEATH  1   Netural 5   2   Accident 3   Suicide 8   4   Homicide  29a. CERTIFIER (Check only)	ent condition  To MEDICAL  Pending trivestigation  Could not be determined  THEYING PNYS  DICAL EXAMINE	d. SPITAL:  1 Inputent 2 Ea. DATE OF INJURISH, etc.  CIAN: To the best of my  R. On the best of examinating the series of	AS A CONSIGNATION OF THE PROPERTY OF THE PROPE	resulting in  ALC  3 DOA 4  28b. TIME.  INJUF  home, farm, structured or investigation,	DTHER:   Nursing	Home 5 R. PLACE OF E. INJURY AT WORK?  VES 2 office  data and place from death occurrence on, death occurrence of the control	given in	Part I. 24	a. WAS AN AUTPERFORME  YES 2  Decify)  DN (Street and own, State)  a) and manned d place, and d	NUMBER OF BUILDING STATES OF SELECTION OF SE	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
If any, leading to imme cause. Enter UNDERLY CAUSE (Disease or injuthat initiated events resulting in death) LAS  PART II. Other aignification of the cause of th	ent condition  To MEDICAL  Pending trivestigation  Could not be determined  THEYING PNYS  DICAL EXAMINE	d. SPITAL:  1 Inputent 2 Ea. DATE OF INJURISH, etc.  CIAN: To the best of my  R. On the best of examinating the series of	AS A CONSIGNATION OF THE PROPERTY OF THE PROPE	resulting in  ALC  3 DOA 4  28b. TIME.  INJUF  home, farm, structured or investigation,	DTHER:   Nursing	Ra. PLACE OF E Home 5   R D. INJURY AT WORKY T VES 2 office data and place tion, death occur	given in	Part I. 24	a. WAS AN AUTPERFORME  YES 2  Decify)  DN (Street and own, State)  a) and manned d place, and d	NUMBER OF BUILDING STATES OF SELECTION OF SE	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  N A  al Route Number,
If any, leading to imme cause. Enter UNDERLY CAUSE (Disease or injuthat initiated events resulting in death) LAS  PART II. Other aignification of the cause of th	ant condition  TO MEDICAL  Pending trivestigation  Could not be determined  TIFYING PNYS  DICAL EXAMINE  FOR CENTIFIE	DUE TO OR  JUE TO OR	AS A CONSI LOS LOS LOS LOS LOS LOS LOS LOS LOS LOS	resulting in  ALC  3 DOA 4  28b. TIME.  INJUF  home, farm, structured or investigation,	DTHER:   Nursing OF 28/07/ W 1 aeet, factory, at the time, in my opini	Re. PLACE OF II Home 5   R C. INJURY AT WORK? VES 2 office data and place ton, death occur 29c. LIC	given in	Part I. 244  1   1   244  246 only one)  8   Other (S)  286 OE\$CRI  286 LOCATIC City or R  to the cause( time, data and	a. WAS AN AUTPERFORME  PERFORME  YES 2  Decily)  DISE NOW INJU  DISTRICT AND MARKET  AND MARKET  DISTRICT AND MARK	NUMBER OF BUILDING STATES OF SELECTION OF SE	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  NAME AND A STATE OF THE AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 NO PRIOR NO PRIOR TO COMPLETE OF THE AVAILABLE PRIOR
If any, leading to imme cause. Enter UNDERLY: CAUSE (Disease or injuthat initiated events resulting in death) LAS  PART II. Other algnifics  WAS CASE REFERRED T EXAMINER?  1  YES 2 NO  27. MANNER OF OEATH  1  Netural 5	ant condition  TO MEDICAL  Pending trivestigation  Could not be determined  TIFYING PNYS  DICAL EXAMINE  FOR CENTIFIE	DUE TO OR  JUE TO OR	AS A CONSI LOS LOS LOS LOS LOS LOS LOS LOS LOS LOS	resulting in  All  3 DOA 4  28b. TIME inJUF  nome, ferm, structured death occurred	DTHER:   Nursing	Re. PLACE OF II Home 5   R C. INJURY AT WORK? VES 2 office data and place ton, death occur 29c. LIC	given in	Part I. 244  1   1   244  246 only one)  8   Other (S)  286 OE\$CRI  286 LOCATIC City or R  to the cause( time, data and	a. WAS AN AUTPERFORME  YES 2  Decify)  DN (Street and own, State)  a) and manned d place, and d	NUMBER OF BUILDING STATES OF SELECTION OF SE	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  NAME AND A STATE OF THE AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 NO PRIOR NO PRIOR TO COMPLETE OF THE AVAILABLE PRIOR
If any, leading to imme cause. Enter UNDERLY: CAUSE (Disease or injuthat initiated events resulting in death) LAS  PART II. Other algnifics  WAS CASE REFERRED T EXAMINER?  1  YES 2 NO  27. MANNER OF OEATH  1  Netural 5	TIFYING PHYS DICAL EXAMINE F PERSON WITH THE P	DUE TO OR  JUE TO OR	AS A CONSIGNATION OF DEATH (IT	resulting in  All  3 DOA 4  28b. TIME inJUF  nome, ferm, structured death occurred	DTHER:   Nursing OF 28/07/ W 1 aeet, factory, at the time, in my opini	Re. PLACE OF II Home 5   R C. INJURY AT WORK? VES 2 office data and place ton, death occur 29c. LIC	given in	Part I. 244  1   1   244  246 only one)  8   Other (S)  286 OE\$CRI  286 LOCATIC City or R  to the cause( time, data and	a. WAS AN AUTPERFORME  PERFORME  YES 2  Decily)  DISE NOW INJU  DISTRICT AND MARKET  AND MARKET  DISTRICT AND MARK	NUMBER OF BUILDING STATES OF SELECTION OF SE	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  NAME AND A STATE OF THE AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 NO PRIOR NO PRIOR TO COMPLETE OF THE AVAILABLE PRIOR
If any, leading to imme cause. Enter UNDERLYI CAUSE (Disease or injuthat initiated events resulting in death) LAS  PART II. Other alignifica  Line Any  25. WAS CASE REFERRED TO EXAMINER?  1   VES 2   NO  27. MANNER OF OEATH  1   Netural 5   2   Accident 3   Suicide 8   4   Homicide  29s. CERTIFIER (Check only one) 2   MED  29b. SIGNATURE AND TITUS  30. NAME AND ADDRESS O	TIFYING PHYS DICAL EXAMINE F PERSON WITH THE P	DUE TO OR  JULY TO OR  JULY TO OR  JULY TO OR  JULY TO OR  JULY TO OR  JULY TO OR  JULY TO OR  JULY TO OR  JULY TO OR  JULY TO THE DEST OF INJ  JU	AS A CONSIGNATION OF DEATH (IT	resulting in  All  3 DOA 4  28b. TIME involved farm, atmome, farm, atmom	DTHER:   Nursing OF 28/07/ W 1 aeet, factory, at the time, in my opini	Re. PLACE OF II Home 5   R C. INJURY AT WORK? VES 2 office data and place ton, death occur 29c. LIC	given in	Part I. 244  1   1   244  246 only one)  8   Other (S)  286 OE\$CRI  286 LOCATIC City or R  to the cause( time, data and	a. WAS AN AUTPERFORME  PERFORME  YES 2  Decily)  DISE NOW INJU  DISTRICT AND MARKET  AND MARKET  DISTRICT AND MARK	NUMBER OF BUILDING STATES OF SELECTION OF SE	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  NAME AND A STATE OF THE AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 NO PRIOR NO PRIOR TO COMPLETE OF THE AVAILABLE PRIOR

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

Shofer, Hildurg 4352 0425 4/5/90

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA			HEALTH AND I	MENTAI	REG. NO.	E			
1	1. DECEDENT'S NAME (First, Middle, Last) MILDRED MILDRED	ONORMAS has	ler s	HAFER		2. DATE MONTH 044	OF DEATH	90%	YEAR	3. TIME 05 DEATH 0425 A M	
A	4. SOCIAL SECURITY NUMBER 220-18-0816	5. SEX 8. AGE (In	yrs, last birthday) 8 6/rs.	# UNDER 1 YEAR MONTHS DAYS		7. DATE (Month Sept	of BIRTH 1. Day, Year) 28,	1903	Count	PLACE (State or Foreign ny) aryland	
- 11	9a. FACILITY NAME (If not institution, give st Frederick Memoria			эь сіту, том Frede	n or location of de rick	EATH		9c. COUNTY OF DEATH Frederick			
5	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNTY		40. 0077	, TOWN OR LO	ATION .			10d, INSIDE CITY			
		lerick		ederic						LIMITS?	
7	10e. STREET AND NUMBER	OL LOIC	1 11		101. ZIP CODE			10g. CITIZEN OF WHAT COUNTRY?			
T L	Rosemont Avenue	Rosemont Avenue						U.	S.A	•	
BY FUNERAL DIRECTOR	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	U.S. ARMED 2 XNO ES	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea if yes, specify Cuban, Maxicen, Puerto Rican, etc.) 1 YES 2 NO Specify:					or No- 14. RACE - American Indian, Black, White, etc. Specify: White			
LEIED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12) 7 th		(Give kind of w life. Do NOT us						USTRY		
17. FATHER'S NAME (First, Middle, Last)  18. MOTHER'S NAME (First, Middle, Maiden Surres  Tull do Nun omoleour							Surname)				
10 BE	190. INFORMANT'S NAME (Type/Print) Helen H. Bruchey				Street		ber City or Town			01	
	20s. METHOD OF DISPOSITION 1   ☐ Burial 2 ☐ Cremation 3 ☐ Remo 4 ☐ Donation 5 ☐ Other (Specify)	oval from State	other place)	Lewisto	cometery, crematory or wn Cemete		1		stow	n, MD	
	21. SIGNATURE OF FUNERAL SERVICE LIC	Di lun	ζ		and adoress of fa ert E. Da 1 N. Mark					HOmes, PA MD 21701	
HILCALION	23. PART Enter the diseases or complications than death. Do not anter the mode of dying, such as cardiac or respiratory arrest, interval Between Onset end Death disease or condition resulting in death)  Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):										
MEDICAL CE	PART II. Other significant condition	PART II. Other significant conditions contributing to death but not resulting					PERFOR	24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO		b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
A A	25. WAS CASE REFERRED TO MEDICAL			28	PLACE OF DEATH (C)	heck noly n	ne)				
בַ	EXAMINER?	HOSPITAL:	tient 3 DOA	OTHER:	lome 5 Residence						
PHYSICIAN:	27. MANNER OF DEATH  1 Netural 5 Pending	26a. DATE OF INJURY (Month, Day, Year)	28b, TIM	E OF 28c.	INJURY AT WORK?  YES 2 NO	T	SCRIBE HOW II	NJURY OCC	CURED		
TED BY	Accident investigation  3 Suicide 6 Could not be determined	28e. PLACE OF INJURY - building, etc. (Specif	— At home, farm, i	street, factory, o	ffice		CATION (Street a or Town, State)		or Rural	Route Number,	
COMPLET	TOTAL OTTIN	CIAN: To the best of my knowle R: On the basis of examination								(s) end menner ee stated.	
TO BE C	296. BIGMATURE AND TITLE OF CENTRES. 30. NAME AND ADDRESS OF PERSON WH	Conform	TH OTEM 27) Gree	Print	29c. LICENSE NU	397	7/	29d, DAT	S	9 (Medin, Day, Year)	
		/			Frederi	ck.	MD 217	01			
	Robert L. Kaufmann, MD 300 West 9th Street Frederick, MD 21701  31. DATE FILED (MONT), Day, Your)  APR 0 6 1990  Julia Davidson—Randall.										

BALTIMORE, MARYLAND	Surs after death. Page 6 may be retained by the host	sky filled in by the funeral director, page 5 should be detache ration, or removal.	, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Jurs after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
۵	TO THE HOSPITAL O	TO THE FUNERAL D be filed within 72 ho	IMPORTANT: If Ite

31. DATE FILED (Month, Day, Your)
APR 0 9 1990

1 - STATE REGISTRAR	STATE OF I	MARYLAND /		TMENT OF ICATE O			MENTA	REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last)							2. DATE	OF DEATH			TIME OF DEATN
Mary Smith							HONT	6 DA	90	EAR	8:45 A
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. le	st birthday)	IF UNDER 1 YEAR	IF UNDE	R 24 HRS.		OF BIRTH	6	BIRTHPLA	NCE (State or Foreign
182-22-0538	1 M 2 XF	89	YRS.	MONTHS DAYS	HOURS	MIN.		n, Day, Year) 17/190(	n l	P.A.	
9a. FACILITY NAME (If not institution, give:	street end number)			9b. CITY, TOW	OR LOCAT	ION OF DI		11/170	9c. COUNT		Н
Meridian Nursi	ng Home			Prodo	n i als	MD			D 1 .		
RESIDENCE OF DECEDENT	ng nome			Frede	rick,	FID			Frede	rick	
10a. STATE 10b. COUNT	Υ		10c. CIT	Y, TOWN OR LO	CATION					10	d. INSIDE CITY LIMITS?
MD Fre	derick			Frede	rick					- 11	Y YES 2 NO
10a. STREET AND NUMBER					101. ZIP COE	E			10g. CITIZE	N OF WHA	T COUNTRY?
800 Motter Ave.					2170	1			บร	A	
11. MARITAL STATUS	12. WAS DECEDE	NT EVER IN U.S. A	RMED		ECENDENT	OF HISPAI		f? (Specify Yea		BACE -	American Indian,
1 Never Married 2 Married	FORCES?	YES 2 X	МО		specify Cub ES 2 NO			Rican, atc.)		Black, W Specify:	
3 X Widowed 4 Divorced					X	0,000	,.			ороспу.	White
15. DECEDENT'S EDUCATION (Specify only highest grade completed)  16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working											
Elementary/Secondary (0-12)	College (1-4 or 5	life.	aive king or a. Do NOT u	work done during se retired.)	most of work	ing					
			amsc	rece				Cloth	hing M	anuf	acturing
17. FATHER'S NAME (First, Middle, Lest)					16. MOT	HER'S NA	ME (First,	Middle, Meiden			
Harvey Welch					17.		Weis				
19a. INFORMANT'S NAME (Type/Print)		10	D. MAILING	ADDRESS (Stre					n. Stete. Zio C	ode)	
Edna Hummerick				Kelly							
20a, METHOD OF DISPOSITION	110000	20h PLACE		SITION (Name of			.,		CATION — CH	u or Town	State
1 Burial 2 Cremation 3 Ren 4 Donation 6 Other (Specify)	noval from State	other p	vlace)	Chapel							d Co. PA
21. SIGNATURE OF FUNERAL SERVICE L	s Sta	ruffe	2	1621	, Opc	ssum	itown	tauffe Pike,	Fred	erick	, MD
ahock, or heart failure.  immeDiATE CAUSE (Final disease or condition reaulting in death)	List only one ca	n geografia	e.	Ha				ME_	ratory arret	н,	Approximate interval Betwee Onaat and Dec
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	C	O (OR AS A CONSE									
PART II. Other algnificant condition	0	o death but not	resulting	In the underly	ing cause	given in	Part I.	24s. WAS AN PERFOR	MED?	CC	ERE AUTOPSY FINDING MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?
											YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:	☐ ER/Outpetient	3 □ DOA	OTHER:	PLACE OF						
27. MANNER OF DEATH  1- Natural 5 Pending Investigation	26a. DATE O (Month,	F INJURY Day, Year)	28b. TH	AE OF 28c.	INJURY AT WORK? YES 2			SCRIBE HOW I	NJURY OCCU	RED	
2 Accident Investigation 3 Suicide 6 Could not be 4 Nomicide detarmined	26s. PLACE building	OF INJURY — At h	ome, farm,	street, factory, o	ffica			CATION (Street of Town, State)		Aural Rou	te Number,
29a. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	BICIAN: To the best of										nd manner as stated
296. SIGNATURE AND TITLE OF CERTIPLE	ER 🔿	Λ		-	29c I II	CENSE NU	MBER		29d DATE	SIGNED /M	onth, Day, Year)

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 27 nours after	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Iem 28 is marked or Item 23 shows any injury or other fraumatic event the medical of
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SOLAL SCOLATY SUBJECT AS A SECTION AS IN THE CONTROL OF THE CONTRO		REGISTRAR CERTIFICATE OF DEATH REG. NO.
266-24-5984		
Section   Company   Comp		216-24-5984 1 M 2 XF 62 YRS. MONTHS DAYS HOURS MIN. (MONTH, DB); YEBY) COUNTY)
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THE STITES AND NUMBERS  THE AND NUMBERS  THE STREET AN	IREC	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS?
The second contribution of the diseases, or completed that that course of the second contributing in death) Last    Part   Letter the diseases, or completed that that course of the second course of		
The second contribution of the diseases, or completed that that course of the second contributing in death) Last    Part   Letter the diseases, or completed that that course of the second course of	JER/	70 7 1
BannertaryRevisionCarry (9-19)   Coolings (1-d or 5 -)   HOUSEWISE	B	1 Never Married 2 Married FDRCES? 1 YES 2 NO If yes, specify Cuben, Maxican, Puarto Rican, etc.)  IF YES, GIVE WAR DR DATES    No
HOUSEWISE  1. MOTHER'S HAME (Pieck Model, Last)  HAZTY  Skinner  1. MOTHER'S HAME (Pieck Model, Last)  HAZTY  Skinner  1. MOTHER'S HAME (Pieck Model, Last)  HAZTY  Skinner  1. MOTHER'S HAME (Pieck Model, Last)  HAZTY  Skinner  1. MOTHER'S HAME (Pieck Model, Last)  PART II. Cheer the desease or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arread, desease or conditions are conditions.  1. MOMENTA CAUSE (Tables or Conditions)  1. MOMENTA CAUSE (Tables Have diseased, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arread, diseases or conditions.  1. MOMENTA CAUSE (Tables Have diseased, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arread, diseases or conditions.  1. MOMENTA CAUSE (Tables, List only one cause on each line.  1. MOMENTA CAUSE (Tables, List only one cause on each line.  1. MOMENTA CAUSE (Tables, List only one cause on each line.  1. MOMENTA CAUSE (Tables, List only one cause on each line.  1. MOMENTA CAUSE (Tables, List only one cause on each line.  1. MOMENTA CAUSE (Tables, List only one cause on each line.  1. MOMENTA CAUSE (Tables, List only one cause on each line.  1. MOMENTA CAUSE (Tables, List only one cause on each line.  1. MOMENTA CAUSE (Tables, List only one cause on each line.  1. MOMENTA CAUSE (Tables, List only one cause on each line.  1. MOMENTA CAUSE (Tables, List only one cause on each line.  1. MOMENTA CAUSE (Tables, List only one cause on each line.  1. MOMENTA CAUSE (Tables, List only one cause on each line.  1. MOMENTA CAUSE (Tables, List only one cause on each line.  1. MOMENTA CAUSE (Tables, List only one cause on each line.  1. MOMENTA CAUSE (Tables, List only one cause on each line.  1. MOMENTA CAUSE (Tables, List only one cause on each line.  1. MOMENTA CAUSE (Tables, List only one cause on each line.  1. MOMENTA CAUSE (Tables, List only one cause on each line.  1. MOMENTA CAUSE (Tables, List only one cause on eac	TED	(Specify only highest grade completed) (Give kind of work done during most of working
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The properties of the properti	ш	
22. MASC CASE REFERENCE TO MEDICAL EXAMINER TO MEDICAL EXAMINER TO THE PROPERTY IN THE PROPERTY OF THE PROPERY		
Buttal 3.0 Cremation   Record   Recor		20s. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of completor committee) 20c. LOCATION — City or Town State
HOWARD K. McCottas III Funeral Home, P.A.  1317 Cokeshury Road, Ahingdon, Md. 210.09  23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, auch as cardiac or respiratory arrest, interval Barte on the control of		The first Country (1000 Country 100
Approximate shock, or heart fellure. List only one cuese on each line.   Approximate shock, or heart fellure. List only one cuese on each line.   Approximate shock, or heart fellure. List only one cuese on each line.   Approximate shock, or heart fellure. List only one cuese on each line.   Approximate shock, or heart fellure. List only one cuese on each line.   Approximate shock, or heart shock, or heart shock, or heart shock.   Approximate shock, or heart shock, or heart shock, or heart shock.   Approximate shock, or heart shock, or heart shock, or heart shock, or heart shock, or heart shock.   Approximate shock, or heart shoc		Howard K. McComas III Funeral Home, P.A.
IMMEDIATE CAUSE (Final disease or condition resulting in death)   DUE TO (OR AS A CONSEQUENCE OF):		23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac pr respiratory arrest.
Cause. Enter UNDERLYING  Cause. Enter UNDERLYING  Cause in July that initiated events resulting in death) LAST  DUE TO (OR &S A CONSEQUENCE OF):  d.  PART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part I.  PART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part I.  PART II. Other algnificent conditions  Confidence of Color of C		Onest and Day
Cause. Enter UNDERLYING  Cause. Enter UNDERLYING  Cause in July that initiated events resulting in death) LAST  DUE TO (OR &S A CONSEQUENCE OF):  d.  PART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part I.  PART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part I.  PART II. Other algnificent conditions  Confidence of Color of C	N.	Sequentially that conditions . End still COPD. Employeena. Chrismchits . 710 yrs
PART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part I.  24a. WAS AN AUTOPSY PREPORMED?  1 YES 2 NO  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  26. PLACE OF DEATH (Check only one)  27. MANNER OF DEATH  1 Nother algnificent conditions contributing to death but not resulting in the underlying cause given in Part I.  24b. WERE AUTOPSY FIND AND LAB PERFORMED?  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  26. PLACE OF DEATH (Check only one)  27. MANNER OF DEATH  28b. DATE OF INJURY  28c. NURSY AT WORK?  28c. LOCATION (Street and Number or Rural Route Number, City or Town, States)  28c. CERTIFIER (Check only one)  28c. CERTIFIER OF INJURY At home, farm, street, factory, office  28c. LOCATION (Street and Number or Rural Route Number, City or Town, States)  28c. CERTIFIER (Check only one)  28c. CERTIFIER OF INJURY At home, farm, street, factory, office  28c. LOCATION (Street and Number or Rural Route Number, City or Town, States)  28c. CERTIFIER OF INJURY At home, farm, street, factory, office  28c. CERTIFIER OF INJURY At home, farm, street, factory, office  28c. CERTIFIER OF INJURY AT HOME OF INJURY AT WORK OF INJURY TO TOWN, States)  28c. CERTIFIER OF INJURY AT WORK OF INJURY AT HOME OF INJURY OF INJURY AT WORK OF INJURY TO TOWN, States)  28c. CERTIFIER OF INJURY AT Number of Rural Route Number, City or Town, States  28c. CERTIFIER OF INJURY AT Number of Rural Route Number, City or Town, States  28c. CERTIFIER OF INJURY AT Number of Rural Route Number, City or Town, States  28c. CERTIFIER OF INJURY AT Number of Rural Route Number, City or Town, States  28c. CERTIFIER OF INJURY AT Number of Rural Route Number, City or Town, States  28c. CERTIFIER OF INJURY AT Number of Rural Route Number, City or Town, States  28c. CERTIFIER OF INJURY AT Number of Rural Route Number, City or Town, States  28c. CERTIFIER OF INJURY AT Number	ATIC	If any, leading to immediate cause. Enter UNDERLYING
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PART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part I.  24a. WAS AN AUTOPSY PREPORMED?  1 YES 2 NO  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  26. PLACE OF DEATH (Check only one)  27. MANNER OF DEATH  1 Nother algnificent conditions contributing to death but not resulting in the underlying cause given in Part I.  24b. WERE AUTOPSY FIND AND LAB PERFORMED?  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  26. PLACE OF DEATH (Check only one)  27. MANNER OF DEATH  28b. DATE OF INJURY  28c. NURSY AT WORK?  28c. LOCATION (Street and Number or Rural Route Number, City or Town, States)  28c. CERTIFIER (Check only one)  28c. CERTIFIER OF INJURY At home, farm, street, factory, office  28c. LOCATION (Street and Number or Rural Route Number, City or Town, States)  28c. CERTIFIER (Check only one)  28c. CERTIFIER OF INJURY At home, farm, street, factory, office  28c. LOCATION (Street and Number or Rural Route Number, City or Town, States)  28c. CERTIFIER OF INJURY At home, farm, street, factory, office  28c. CERTIFIER OF INJURY At home, farm, street, factory, office  28c. CERTIFIER OF INJURY AT HOME OF INJURY AT WORK OF INJURY TO TOWN, States)  28c. CERTIFIER OF INJURY AT WORK OF INJURY AT HOME OF INJURY OF INJURY AT WORK OF INJURY TO TOWN, States)  28c. CERTIFIER OF INJURY AT Number of Rural Route Number, City or Town, States  28c. CERTIFIER OF INJURY AT Number of Rural Route Number, City or Town, States  28c. CERTIFIER OF INJURY AT Number of Rural Route Number, City or Town, States  28c. CERTIFIER OF INJURY AT Number of Rural Route Number, City or Town, States  28c. CERTIFIER OF INJURY AT Number of Rural Route Number, City or Town, States  28c. CERTIFIER OF INJURY AT Number of Rural Route Number, City or Town, States  28c. CERTIFIER OF INJURY AT Number of Rural Route Number, City or Town, States  28c. CERTIFIER OF INJURY AT Number	EH	resulting in death) LAST
25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1		
25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1	EDIO	V. 55.00
Coldent   Suicide   Suicide   Could not be determined   Suicide   Check only   Certifier   Check only   Certifier   Check only   Certifier   Check only   Check		
Coldent   Suicide   Suicide   Could not be determined   Suicide   Check only   Certifier   Check only   Certifier   Check only   Certifier   Check only   Check	CIA	FYAMINED?
Coldent   Suicide   Suicide   Could not be determined   Suicide   Check only   Certifier   Check only   Certifier   Check only   Certifier   Check only   Check	IVS	1 YES 2 ND 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)
3   Sulcide 4   Homicide 8   Could not be determined 298. PLACE OF INJURY - At home, term, street, factory, office 298. CERTIFIER (Check only one) 2   MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNAPORE NO TITUE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE		1 Netural 5 Pending (Month, Day, Year) INJURY WORK?  M 1 YES 2 ND
296. SIGNATORE AND ATTERED B.D. PAREKH MD.  30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  B. PAREKH MD. SUBHARFOLD ED FALLS TON MD 21047  31. DATE FILED (Month, Day, Year)  32. REGISTRAR'S SIGNATURE	8	3 Suicide 8 Could not be 28a. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 28b. LOCATION (Street and Number or Rural Route Number, City or Tevral State)
296. SIGNAPORE THE OF CERTIFIER  296. LICENSE NUMBER  296. LICENSE NUMBER  296. LICENSE NUMBER  296. LICENSE NUMBER  296. LICENSE NUMBER  296. LICENSE NUMBER  297. LICENSE NUMBER  298. LICENSE NUMBER  298. LICENSE NUMBER  299. LICENSE NUMBER  290. DATE SIGNED (Month, Døy, Year)  30. NAME AND ADDISSOS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  31. DATE FILED (Month, Døy, Year)  32. REGISTRAR'S SIGNATURE	OMPLE	(Check only 1 A CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the lime, data and placa, and due to the cause(a) and manner as stated.
B. PAREKH MD. 1908 HARFOLD ED FALLSTON MD 21047  31. DATE FILED (Month, Day, Year)  32. REGISTRAR'S SIGNATURE	BE	18424 ► 414190
	-	B. PAREKH MD. 1908 HARFOLD ED FALLSTON MD 21047

	v	1 - STATE REGISTRAR  STATE CERTIFICATE OF DEATH REG. NO.  1. DECEMBENT'S NAME (First, Middle, Last) Mildred R. Swartzbaugh  STATE CERTIFICATE OF DEATH REG. NO.  3. TIME OF DEATH DAY 90 YEAR 90 YEAR	
(1)		4. SOCIAL SECURITY NUMBER  5. SEX  6. AGE (In yrs. lest birthday)  1 UNDER 1 TEAR IF UNDER 1 T	
2. 3 four	OR	98. FACILITY NAME (If not institution, give street and number)  Carroll County General Hospital  9b. CITY, TOWN OR LOCATION OF GEATH  Carroll  Carroll	
Pages 1,	DIRECTOR	Tool State   10b. COUNTY   10c. CITY, TOWN OR LOCATION   10d. INSIDE CITY LIMITS?   1   YES 2   NO	_
n. ansit permit.	FUNERAL	106. STREET AND NUMBER 3100 Hoffman Mill Road 107. ZIP CODE 21074 USA	
3146 Jing physician. the burial-transit	BY	11. MARITAL STATUS  1 Never Married 2 Merried 3 Widowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. ARMEO FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES  13. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yes or No- If yes, specify Cuban, Maxican, Puerto Rican, etc.)  14. RACE — American Indien, Black, White, atc.  Specify: White	
MARYLAND 21203-3146 be retained by the hospital or attending physician. ge 5 should be detached for use as the burial-tran e notified at once.	COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  7th Grade  16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  Becky s Resturant	
MARYLAND  e retained by the hospit  s should be detached notified at once.	BE CO	17. FATHER'S NAME (First, Middle, Leet) Melchour Harris Edna Wagner	
y be retained by be retained the sage 5 should be notified	10 8	190. INFORMANT'S NAME (Type/Print) William B. Swartzbaugh  190. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 3100 Hoffman Mill Rd., Hampstead, Md. 21074	
		20c. METHOD OF DISPOSITION  1   Burtel 2   Cremetion 3   Removal from State  20b. PLACE OF DISPOSITION (Name of cometery, cremetory or Other place)  Deer Park Cemetery  20c. LOCATION — City or Town, State  Smallwood, Md.	
BALTIMORE, after death. Page 6 may by the funeral director, panoval.		21. SIGNATURE OF JUNERAL SERVICE LICENSEE  LUCY  22. NAME AND ADDRESS OF FACILITY  Eline Funeral Home  934 S. Main St., Hampstead, Md. 21074	
in nours ely filled in thation, or rel , the medi		23. PART I. Enter the diseases, or complications that caused the deeth. Do no anter the mode of dying, such as cardiac or respirator strest, shock, or heart feliure. List only one cause on esch line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  OUE TO (OR AS A CONSEQUENCE OF):	
th certificate be seecu ending physician and I Hyglene prior to bur or other traumatte	CERTIFICATION	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST  b.  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):	
RECORDS, requires that the den signed by the of Health and Mei shows any injury	MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  24a. WAS AN AUTOPSY PERFORMED?  1  YES 2 NO  24b. WERE AUTOPSY FINDIN AMILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH?  1 YES 2 NO	
as tas tas tas tas tas tas tas tas tas t	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1	_
PHYSIC this ce this ce with the third the thir	1	27. MANNER OF DEATH  280. DATE OF INJURY (Month, Day, Year)  28b. TIME OF WORK?  Netural 5 Pending  28c. INJURY AT WORK?  M 1 YES 2 NO	_
ISIO TTENDI TTENDI TTENDI TTENDI after d	TED BY	Accident investigation   3   Sulcide   8   Could not be determined   28e. PLACE OF INJURY Al home, farm, street, factory, office   281. LOCATION (Street and Number or Rural Route Number, City or Town, State)   281. LOCATION (Street and Number or Rural Route Number, City or Town, State)   281. LOCATION (Street and Number or Rural Route Number, City or Town, State)   281. LOCATION (Street and Number or Rural Route Number, City or Town, State)   281. LOCATION (Street and Number or Rural Route Number, City or Town, State)   281. LOCATION (Street and Number or Rural Route Number, City or Town, State)   281. LOCATION (Street and Number or Rural Route Number, City or Town, State)   281. LOCATION (Street and Number or Rural Route Number, City or Town, State)   281. LOCATION (Street and Number or Rural Route Number, City or Town, State)   281. LOCATION (Street and Number or Rural Route Number, City or Town, State)   281. LOCATION (Street and Number or Rural Route Number, City or Town, State)   281. LOCATION (Street and Number or Rural Route Number, City or Town, State)   281. LOCATION (Street and Number, City or Town, State)   281. LOCATION (Street and Number, City or Town, State)   281. LOCATION (Street and Number, City or Town, State)   281. LOCATION (Street and Number, City or Town, State)   281. LOCATION (Street and Number, City or Town, State)   281. LOCATION (Street and Number, City or Town, State)   281. LOCATION (Street and Number, City or Town, State)   281. LOCATION (Street and Number, City or Town, State)   281. LOCATION (Street and Number, City or Town, State)   281. LOCATION (Street and Number, City or Town, State)   281. LOCATION (Street and Number, City or Town, State)   281. LOCATION (Street and Number, City or Town, State)   281. LOCATION (Street and Number, City or Town, State)   281. LOCATION (Street and Number, City or Town, State)   281. LOCATION (Street and Number, City or Town, State)   281. LOCATION (Street and Number, City or Town, State)   281. LOCATION (Street and Number, City or Town, St	
DIN AL OR L DIRI 2 hour	COMPLET	The CENTRY IN CONTROL OF THE DEST OF MY knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.  In CENTRY IN CONTROL OF THE DEST	g.
TO THE HOSPID TO THE FUNERA De filed within 7	出	286 SIGNATURE ASSETTILE OF CHILDREN 28d. DATE SIGNED (MONTH, Day, Vog)  28d. SIGNATURE ASSETTILE OF CHILDREN 28d. DATE SIGNED (MONTH, Day, Vog)  28d. SIGNATURE ASSETTILE OF CHILDREN 28d. DATE SIGNED (MONTH, Day, Vog)	Ī
0=	TO,	30. NAME AND ADDRESS OF PERSON WILD COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	
		APR 6 90 Suidson-Randage	

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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this certificate has been signed by the attending physician and completely lined in by the funeral director, page 3 should be		rked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at
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Day.

GOODIN, MD

												20	11202
	FOR STATE REGISTRAR	STATE OF I	AARYLA	ND / DEPAR CERTIF					MENTA	REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last) Craig			Dav	is				2. DATE	of DEATH -26-90	Y	YEAR	3. TIME OF DEATH 3:08PM M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (II	n yrs. lest birthday) YRS.	IF UNDE	R 1 YEAR	IF UNDER	24 HRS. MIN.	7. DATE (Mont	OF BIRTH		8. BIRTH Countr	PLACE (State or Foreign Ohio
	302-58-0389 9e. FACILITY NAME (If not institution, give st	treet and number)			9b. CIT	Y, TOWN O						NTY OF D	EATH
מטוסשעות	Prince Georges (		lospi				everl	У			Pri	nce (	Georges Co.
	Maryland 106. COUNTY	Howard		10c. CI	ry, town	OR LOCAT		olum	bia				10d. INSIDE CITY LIMITS? 1 YES 2 NO
LONEUAL	100. STREET AND NUMBER 10310 Hickory	Ridge Ro	ad	Apt. 21	.3	101.	ZIP CODE	210	44			U. S	. A.
	11. MARITAL STATUS  1 Never Merried 2 Merried  3 Widowed 4 Divorced	Never Merried 2 Merried FORCES? 1 YES 2 NO H yes, specify Cuben, Mexican, Puerto Rican, etc.)  Black, White, etc.  1 YES 2 NO Specify. 11. 3.1.  Specify. 11. 3.1.											
	15. DECEDENT'S EDU (Specify only highest grade Elementery/Secondery (0-12)	completed) College (1-4 or 5	+)	16a. DECEDENT'S (Give kind of life. Do NOT o	work done se retired.	OCCUPATION during mos	N st of worldn	ng		U.S.			nt.
DE COMPLESIED	17. FATHER'S NAME (First, Middle, Last)	5+ elvin H.	Dav:	Engin is	ieer		16. MOTI		ME (First,	Middle, Meiden Broncz	Surname)	111110	
	190. INFORMANT'S NAME (Type/Print) Mr. Melvin H. Dav			19b. MAILIN	d Adores	ss (Street a	nd Number enue	or Rural I	Route Num Uni	ontown	n, State, Zi , Ohi	p Code) .O 44	685
	20e. METHOD OF DISPOSITION  1 SyBuriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	20Ь.	other place) Cro	osition (1 OWn I	Hame of cen	Buri	natory or al P	ark	Twi		City or To	
	21. SIGNATURE OF FUNERAL SERVICE LIC	argillo	2		- 1	3981			74				l Service D. 21155
	23. PART I. Enter the diseases, or ahock, or heart fellure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Compre	essio	n asphy	xia v			.55			·		Approximate interval Between Onset and Death
	Sequentially liet conditions,	b		CONSEQUENCE (									
	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	c. DUE TO	(OR AS A	CONSEQUENCE (	DF):								
- 1	PART II. Other significent condition	na contributing to	death b	ut not resulting	In the u	anderiyin	g cause	given in	Part I.	24a. WAS AN PERFOR	RMED?	24t	J. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
										7777		>	CXOS YES 2 □ NO
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	XER/Outp	intlent 3 🗆 DOA	OTHI 4 🗆 N	ER:	ACE OF C			one) ser (Specify)			
	27. MANNER OF CEATH  1 Natural 5 Pending	28a. DATE 0 (Month. 3-26	FINJURY Day, Year) 0-90	28b. TI 2:	MERF 05PM		URY AT	O/∯NO	Dur		ck ti	urnec	d over on
	3 Suicide 6 Could not be 4 Homicide determined	building	, etc. (Spec	At home, farm	, street, fr				Cal	CATION (Street y or Town, State) Vert Ro	and Number	er or Aural	Route Number Subject Worth Ave.,
COMPLE	29e. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of							RIV	erdate	PI .	INCE	Georges Co
	A A A	11/		1									

OCME

D 111 Penn Street, Baltimore, MD 21201

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3-28-90

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TO THE HOSPITAL OR ATTENDING PRYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR							0 11-0
	1 - STATE REGISTRAR	STATE OF MARYLAN		CATE OF		WENTAL HYG REG		
	1. DECEDENT'S NAME (First, Middle, Last)		4			2. DATE OF DEA	TH DAY Y	3. TIME OF DEATH
	RUTH VIRGIN					April	1 1990	1. 42 p m
	219-16-2480	□ M 2 沈 F 66	yrs. lest birthday) YRS.	F UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		1923	BIRTHPLACE (State or Foreign Country) MARYLAND
1	9a. FACILITY NAME (If not institution, give stree ANNE ARUNDEL MEDICA	•		ANNAPOL	R LOCATION OF OE	EATH	9c. COUNTY	
CTOR	RESIDENCE OF DECEDENT	TE CENTER		ANNAFOL	1.3		ANNE	ARUNDEL
DIREC	MARYLAND ANNE A	ARUNDEI.	1,77	TOWN OR LOCAT	ION			10d. INSIDE CITY LIMITS?
	10e, STREET AND NUMBER	KUNDEL	I TO	THIAN	ZIP CODE		10g CITIZEN	1 YES 2 NO
FUNERAL	1234 MARLBORO ROAD				20711		U.S	.A.
BY FUI	11. MARITAL STATUS  1	12. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DATE	2XXNO	If yes, spe	ENGENT OF HISPAN Helfy Cuben, Mexical XXNO Specify	n, Puerto Rican, et	fy Yea or No— 14. c.)	. RACE — American Indian, Black, White, atc. Specify:
	15. DECEDENT'S EDUCAT	TION 1	6a, DECEDENT'S	USUAL OCCUPATIO	N .	18b. KIND C	F BUSINESS/INDUS	BLACE
COMPLETED	(Specify only highest grade con Elementary/Secondary (0-12)	mpleted) College (1-4 or 5+)	(Give kind of w life. Do NOT us	rork done during mo: e retired.)	st of working	GII	EST SERV	ICE, INC.
OM	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, M		10E, 1NO.
ш	ROBERT P. SELLMAN				MARY (	C. GRAY		
TO B	19a. INFORMANT'S NAME (Type/Print)						or Town, State, Zip Co	
	RICHARD E. SMITH					-	MD. 2071	
	20a. METHOO OF CISPOSITION  1 N Burial 2 Cremation 3 Removi 4 Donation 5 Other (Specify)	al from State	PLACE OF DISPOS other place) OSES CEM	ITION (Name of cen	netery, crematory or		DIIDV MAI	
	21. SIGNATURE OF FUNERAL SERVICE LICEN		JOES CEN		ID ADDRESS OF FA		RURY, MAI	
	Larry D.	Beese		WILL	IAM REESI		MORTUAR	ANNAPOLIS, MD Y. P.A.
	23. PART I. Enter the disesses, or con shock, or heart failure. Lie	mplications that caused t	he death. Do n	ot anter the mo	da of dying, suc	h aa cardiac or	respiratory arres	t, Approximate
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Chon	e R	lare	land	me	_	Onset and Death
	resulting in death)	DUE TO (OR AS A C	CONSEQUENCE OF	): W	0	- 0		
N	Sequentially list conditione, b.	DUE TO (OR AS A C	100	_ // _	1000		1	
AŢ	If any, leading to immediate cause. Enter UNDERLYING	DOE TO LOR AS A C	ONSEGRETACE OF	·);				
띮	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A C	ONSEQUENCE OF	7:				
CERTIFICATION	resulting in death) LAST							
	PART II. Other significent conditions	contributing to death but	not resulting i	n the underlying	g cause given in			24b. WERE AUTOPSY FINDINGS
MEDICAL	aplastre	Quem	_				ERFORMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ME	Thomboo	of today	no			_   _		1 TYES 2 NO
		0						
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PL	ACE OF DEATH (Ch	eck only one)		
14S	1 YES 2 TNQ 1	28a. DATE OF INJURY	lent 3 DOA 28b. TIM		e 5 Residence		y) HOW INJURY OCCUP	PED
	1 Natural 5 Pending	(Month, Day, Year)	INJ	URY WO	PRK?	200. DESCRIBE	NOW INJUNT OCCUP	NED .
ED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Specify	- At home, farm, s	street, factory, offic		28f. LOCATION ( City or Town,	Street and Number or State)	Rural Route Number,
	29a. CERTIFIER 1 CERTIFYING PHYSICI	AN: To the best of my knowled	doe death occurre	ed at the time date	and place and due	to the council or	nd manner as state-4	
COMPLET	(Orlock Orly)							cause(a) and manner as stated.
E CC	2/15 SIGNATURE AND TITLE OF CENTERER	. 1	m	()	29c. LICENSE NUI			IGNED (Month, Day, Hear)
O BE	Em 18 Km	ll x	2	/	DOQI	123	>H	13190
2	30. NAME AND ADDRESS OF PERSON WHO	SOMBI ETED CAUSE OF DEAT	TH ATTEN ATTEN	-Dulas)	1	-	_	1

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25 fours after death. Page 6 may be remained	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, and	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified
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	FOR 1 - STATE		STATE OF N							MENTAL	HYGIEN	E	U	11204
	REGISTRAR  1. DECEDENT'S NAME (First.	Middle-(ast)	hult	IDA	R. SC			DEA	ГН	2. DATE O	REG. NO.	NY G	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 579 4240	35	5. SEX	A AGE (In yrs.	last birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDE	R 24 HRS.	7. DATE O	F BIRTH Day, Year)		. BIRTH	h Carolina
OR	90. FACILITY NAME (If not in President:	ial Wo		ing Hon	ne		delp		ION OF DE	EATH		Princ		eorges
DIRECTOR	RESIDENCE OF DEC	106. COUNT	7		10c, CIT	ry, town	OR LOCAT	TION						10d. INSIDE CITY LIMITS?
	Maryland 100. STREET AND NUMBER		Montgome	ery		Silv		prin				10g. CITIZI	EN OF V	MX YES 2 □ NO
FUNERAL	11215 Oak	Leaf	Drive					901				USA		- Contract
BY	11. MARITAL STATUS  1 Never Merried 2 3 Wildowed 4 Divo		12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	T EVER IN U.S. YES 29 MAR OR DATES	ARMED		If yes, sp		nn, Mexicai	n, Puerto Ri	(Specify Yes can, etc.)	or No-		
TED	(Specify only	EDENT'S EDU y highest grade	completed)		DECEDENT'S (Give kind of life, Do NOT	work done	CCUPATIO during mo	ON ost of worki	ing	16b.	KIND OF BU	SINESS/INDU	STRY	
Ø	Elementary/Secondary (0	212)	College (1-4 or 5 +	Ho	ousewi					0	wn ho	me	1	
		Whee	ler					18. MOT		ME (First, Mi nknow	n)	Sumeme)		
TO	Frederick	H. Sc	hultz		3425						y, City or Tow y, Md	n, State, Zip (	832	
	20a. METHOD OF DISPOSIT 1 TO Burial 2 Crematic 4 Donation 5 Other	Rem	//	othe	ce of dispo r place) k Cre	ek C	emet Himê	ery 8/Ri	ss of f		Wa eral		ton	
	23. PART i. Enter the d shock, or h IMMEDIATE CAUSE (Fir disease or condition resulting in death)	eert failure.	Liet only one ceu	Ea Con	ine.	ive to	the mo	0	ring, such	h as cardi	sc or respi	irstory arre	at,	Approximate interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST													
PHYSICIAN: MEDICAL C	PART II. Other significa	nt condition	ns contributing to	death but no	resulting	in the u	nderlyin	g cause	given in	Part i.	24a. WAS AN PERFOR 1 YES 2	RMED?	246	. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
SICIA	25. WAS CASE REFERRED T EXAMINER? 1 YES 2 NO	O MEDICAL	HOSPITAL:	FR/Outpetlan	3 D DOA	OTHE 4 2 Nu	R:			8 Other				
ву рну	27. MANNER OF DEATH  1 Natural 5	Pending Investigation	28e. DATE OF (Month, D	INJURY	28b. TH	-	28c. IN.	JURY AT DRK?				NJURY OCC	URED	
		Could not be determined	28e. PLACE O	OF INJURY — A etc. (Specify)	t home, farm,	street, fac	tory, offic	20			TION (Street r Town, State)		or Rural i	Route Number,
COMPLETED	one)		ICIAN: To the best of ER: On the basic of e											e) end manner as stated.
TO BE	29b. SIGNATURE AND TITLE	X	3.40-2	_				29c. LIC	Z19	MBER 00		29d. DATE	SIGNED	(Month, Day, Year)
-	SIMITH S.	Ho.	7600 C	Perroll	Ave	e, Print)	ta	ma	Pen	k 1	ud	200	17	
	APR 02	90		Javidson		02								

the burial-transit permit. Pages 1, 2, 3 should

PLETED BY FUNERAL DIRECTOR

TO BE COM

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR		SIAIE UF W		CERTIF					MENIA	REG. NO.	E		`
1. DECEDENT'S NAME (First,									MONT	OF DEATH		YEAR 3.	TIME OF DEATH
4. SOCIAL SECURITY NUMB	ER		6. AGE (In yrs.		IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE	OF BIRTN		BIRTNPL	ACE (State or Foreign
216-01-459	95	1 🗆 🖟 2/Cyf	9!	5 YRS.	MONTHS	DAYS	HOURS	MIN.	100	1. Bar Bar	F	Country)	n, Md.
9a. FACILITY NAME (If not in	stitution, give s	treet and number)			9b. CITY	, TOWN C	R LOCATION	ON OF DI	EATH			TY OF DEAT	
Devine Ha		Nursing	Home				E1k	ton				Ceci	1
10a. STATE	10b. COUNT	Y		10c. CIT	ry, TOWN C	OR LOCAT	ION					10	id. INSIDE CITY
Md.		Ceci1				E1k	ton					1	LIMITS? YES 2 NO
100. STREET AND NUMBER	rd St	reet				101	ZIP CODI	192	1				AT COUNTRY?
U-MARITAL STATUS	Lu St				1								
1 Never Married 2 3 Widowed 4 Divo		12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2	<b>△</b> NO	- 1	If yee, sp		n, Maxice	n, Puerto	Y? (Specify Yes Rican, atc.)	or No-	Black, W Specify: Whi	American Indian, white, etc.
	EDENT'S EDU		16a.	. DECEDENT'S	USUAL O	CCUPATIO	ON		168	. KIND OF BUS	INESS/INDU		. 00
(Specify only Elementary/Secondary (0	y highest grade	College (1-4 or 5 +	,	(Give kind of life. Do NOT u	work done se retired.)	during mo	st of working	ng					
11	,			ssemb	1v I	ine	,		-	Bavsh	ore	Indu	stries
17. FATHER'S NAME (First, M	liddie, Last)							HER'S NA	_	Middle, Maiden			
John Sh	naffe	r						Ger	trud	e Lod	ore		
19a. INFORMANT'S NAME (7	Type/Print)			19b. MAILING	G ADDRESS	S (Street a	nd Number	r or Rural	Route Num	ber, City or Town	n, State, Zip (	Code)	
Gail M. Pu	rnel	1								1kton			921
20a. METHOD OF DISPOSITI	n 3 🗆 Rem	noval from State	20b. PLA othe	or piace) E1	sition (Ne ktor	ne of cer	metery, crer	ery			kton		
21, SIGNATURE OF FUNERA	L SERVICE LI	CENSEE			22.	NAME A	ND ADDRE	SS OF FA	CILITY	250	F	Main	St.,
* Anche	52	1. Hel			Ge	ee F	une	ral	Hon	10			21921
23. PART i. Enter the d	Iseases, or	complications that List only one car	t caused tha	daeth. Do	not snter	the mo	de of dy	ing, suc	h ss car	dlac or respi	ratory srre	est,	Approximate interval Between
IMMEDIATE CAUSE (Fir		List only ona cae	ise on accin	mie.									Onset and Deeth
disease or condition resulting in death)		S. CARD	CORRE	5017	nT	24	D	ALL	uns				
resulting in death)							,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				· · ·	
Sequentially list condit		DUE TO	(OR AS A CON	NSEQUENCE O	5 (C)	<u> </u>							
CAUSE (Disease or Inju	ING	C.											
that initiated evente		DUE TO	(OR AS A COR	NSEOUENCE (	OF):								
resulting in death) LAS	"	d											
PART ii. Other significa	ent conditio	ne contributing to	death but n	ot requiting	in the u	nderivin	G COURS	given in	Part i	24s. WAS AN	AUTOREV	24b W	PERE AUTOPSY FINDINGS
TAIL II. Outer significa	oonanio.		death but h	or resulting	III LIIG G	ruarry iii	A caree	Arron m	rat ( 1.	PERFOR	MED?	A	WAILABLE PRIOR TO OMPLETION OF CAUSE
										1 TYES 2	NO		F DEATH?
-												1	YES 2 NO
25. WAS CASE REFERRED T EXAMINER? 1 ☐ YES 2 ☑ NO	O MEDICAL	HOSPITAL:	ERMutaetlas	a [] pos	OTHE	R:	LACE OF C						
27, MANNER OF DEATH		26a. DATE OF		26b. Til	-		JURY AT	asidence	-	er (Specify) SCRIBE NOW I	NJURY OCC	URED	
1 Netural 5 🗆	Pending Investigation	(Month, E			JURY M	W	ORK? YES 2 [	□ NO	100.00	JOINE HOW	1100/11 000	O'LLD	
2 Accident 3 Sulcide		28a. PLACE C	F INJURY - A	At home, farm,	street, fac	tory, offic	20			CATION (Street		or Rural Rou	rte Number,
4 Homicide	Could not be determined	building,	etc. (Specify)						City	or Town, State)			
29a. CERTIFIER	TIEVING PNYS	SICIAN: To the best of	my knowledou	e death occur	read at the	time date	and place	a and du	a to the or	use(s) and me	oner ee stele	4	
CONBON DINY													and manner as stated.
29b. SIGNATURE AND TITLE	OF CERTIFIE	A < ,					29c. LIC	ENSE NU	MBER		29d. DATE	SIGNED (A	fonth, Day, Year)
gulin	her l	mil	1				AU	74	162		D 4	0-2	-96
30. NAME AND ADDRESS O	PERSON W	- ALA ica	SE OF DEATH	(ITEM 27) (Typ	oe, Print)	5	E	m	ain	St.	E	IKTO	n, nd
31. DATE FILED (Month, Day.	(000)	32. SECUSTRA	PS SIGNATUI	REpondel	2	<u> </u>	diena	1011	411)	21.	///	mpc y	
APR 2	30	Stewns.	Owen I demay .										

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HOSPITA	FUNERA Z	HTANT
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the h	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detained and within 72 hours after death with the State Pent of Health and Mental Horlene prior to burial, cremation, or removal.	IMPORTANT. If Iem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at one

1 - STATE REGISTRAR	OIMIL OF MAIN	CERTIFI			MENTAL HYGIE REG. N			
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH	DAY	YEAR 3. TIME	OF DEATH
Marguerit	te Jeanne	Schreibe	er				6 1	0:00 A
577-42-8741	□ M 2/X F	E (in yrs. last birthday) 71 YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) FEB 25,		8. BIRTHPLACE ( Country) France	
90. FACILITY NAME (If not institution, give atree  41 Windbrooke Circ RESIDENCE OF DECEDENT				or Location of De	EATH		gomery	
10a. STATE 10b. COUNTY	omery		TOWN OR LOC				LI	SIDE CITY MITS?
10. STREET AND NUMBER 41 Windbrooke Circ				01. ZIP CODE 20879			EN OF WHAT CO	UNTRY?
	2. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	IN U.S. ARMED S ACTINO DATES	If yes,				14. RACE — Ame Black, Whita, Specify:	rican Indian.
15. DECEDENT'S EDUCAL (Specify only highest grade co Elementary/Secondary (0-12)			ing C1	nost of working	0-5-1280000	spital	STRY	
17. FATHER'S NAME (First, Middle, Last)  Lois Justement				Jeann	ME (First, Middle, Maid e Eger			
19a. INFORMANT'S NAME (Type/Print) Richard Schreiber		the second secon			Houte Number City or Union Bri			
20a, METHOD OF DISPOSITION 1 N Burlal 2 Cremation 3 Remove 4 Donation 6 Other (Specify)	of from State	other place) Parklawn	TION (Name of a Memoria	emetery, cremetory or		ckvill	e, MD	
21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE PAN	/	22. NAME	AND ADDRESS OF FA	CLUTY DeVo 10 East Gaithers	1 Fune Deer P burg,	ral Homark Dri	ve 7
23. PART I Enter the diseases, or conshock, or heart tellure. Lie IMMEDIATE CAUSE (Finel disease or condition	it only one cause on	each line.						Approximate Interval Between Onset and Deat
resulting in death) a	DUE TO (OR A	rkro B A CONSEQUENCE OF	):	_	DISEA	SO		
Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING		A CONSEQUENCE OF						
CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR A	A CONSEQUENCE OF	):			_		
PART II. Other significant conditions	contributing to deeth	but not resulting in	the underly	ng ceuse given in	PERI	AN AUTOPSY FORMED?	AMAILA COMPL OF DEA	AUTOPSY FINDINGS BLE PRIOR TO ETION OF CAUSE ATH?
25. WAS CASE REFERRED TO MEDICAL			26.	PLACE OF DEATH (Ch	neck only one)			
	OSPITAL:	utpatient 3 DOA	OTHER: 4 - Nursing H	me Sepsidence	6 Other (Specify)			
27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	26a. DATE OF INJUR (Month, Day, Yea		JRY I	NJURY AT VORK?  YES 2 NO	28d. DESCRIBE HO	W INJURY OCC	URED	
3 Suicide 6 Could not be determined	28e. PLACE OF INJU building, atc. (S	RY — At home, farm, s pec/fy)	treet, factory, of	tea	281. LOCATION (Str. City or Town, St	et and Number ( ate)	or Rural Route Nu	mber,
29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIA EXAMINER:	AN: To the best of my kn							anner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NU	MBER	29d, DATE	SIGNED (Month,	Day, Year)

8218 WISCONGIN

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE
Guna Sairdson Mandell

30. NAME AND ADDRESS OF 20 31. DATE FILED (Month, Day, Shari) 90

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	9	Te.	ath	88
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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hou	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled 1	be filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the ma
	-	-	,0	***

	FOR 4 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM			MENTAL HYGIEN		90 11267	
	1. DECEDENT'S NAME (First, Middle, Dest)	MI				2. DATE OF DEATH MONTH	20 9	3. TIME OF DEATH	
1	4. SOCIAL SECURITY NUMBER 579-80-6681	1 × M 2 🗆 F 5	7 YRS. MO		IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	930	BIRTHPLACE (State or Foreigh Country)	
1	Shady Grove All RESIDENCE OF DECEDENT	ent and number)	je	GAITH	ERSBU		Po. COUNTY	OF BEATH	
DIREC.		50MERY	4	THERS	BURE			10d. INSIDE CITY LIMITS? 1 TES 2 NO	
FUNERAL					208	877 U.S. A. IISPANIC ORIGIN? (Specify Yee or No.   14. RACE - American Indian,			
₽	1 Never Merried 2 Merried FDRCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES				If yes, specify Cuben, Mexican, Puerto Rican, etc.)  1 VES 2 (1,40 Specify: WHITE				
PLETED	15. DECEDENT'S EDUC. (Specify only highest grade of Elementary/Secondary (0-12)	ompleted) College (1-4 or 5+)	16e. DECEDENT'S US (Give kind of work life. Do NOT use n	k done during most etired.)	of working	166. KIND OF BU	JSINESS/INDUST	ENEN	
BE COMPL	17. FATHER'S NAME (First, Middle, Lest) MOHAMAD KHEIR	SHAMI	<i>54.5/4/25</i> 3			ME (First, Middle, Melde	Sumame)	ED	
TO E	190. INFORMANT'S NAME (Type/Print)  South Signal Si	ami	SA	ME AS	# 18	Route Number, City or To			
	20b. PLACE OF DISPOSITION  1 Seurial 2 Cremetion 3 Removal from State  20b. PLACE OF DISPOSITION (Name of cometory, cremetory or other place)  20b. PLACE OF DISPOSITION (Name of cometory, cremetory or other place)  20b. PLACE OF DISPOSITION (Name of cometory, cremetory or other place)  20b. PLACE OF DISPOSITION (Name of cometory, cremetory or other place)  20b. PLACE OF DISPOSITION (Name of cometory, cremetory or other place)  20b. PLACE OF DISPOSITION (Name of cometory, cremetory or other place)  20b. PLACE OF DISPOSITION (Name of cometory, cremetory or other place)  20b. PLACE OF DISPOSITION (Name of cometory, cremetory or other place)  20c. LOCATION — City or Town, State  PAGE OF DISPOSITION (Name of cometory, cremetory or other place)  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State  PAGE OF DISPOSITION (Name of cometory, cremetory or other place)  20c. LOCATION — City or Town, State  PAGE OF DISPOSITION (Name of cometory, cremetory or other place)  20c. LOCATION — City or Town, State  PAGE OF DISPOSITION (Name of cometory, cremetory)  20c. LOCATION — City or Town, State  PAGE OF DISPOSITION (Name of cometory, cremetory)  20c. LOCATION — City or Town, State  PAGE OF DISPOSITION (Name of cometory, cremetory)  20c. LOCATION — City or Town, State  PAGE OF DISPOSITION (Name of cometory)  20c. LOCATION — City or Town, State  PAGE OF DISPOSITION (Name of cometory)  20c. LOCATION — City or Town, State  PAGE OF DISPOSITION (Name of cometory)  20c. LOCATION — City or Town, State  PAGE OF DISPOSITION (Name of cometory)  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State  PAGE OF DISPOSITION (Name of cometory)  20c. LOCATION — City or Town, State  PAGE OF DISPOSITION (Name of cometory)  20c. LOCATION — City or Town, State  PAGE OF DISPOSITION (Name of cometory)  20c. LOCATION — City or Town, State  PAGE OF DISPOSITION (Name of cometory)  20c. LOCATION — City or Town, State  PAGE OF DISPOSITION (Name of cometory)  20c. LOCATION — City or Town, State  PAGE OF DISPOSITION (N								
	23. PART I, Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,   Approximate								
	ahock, or heart failure. List only one cause on each lina.							Interval Between Onset and Death	
NO	DUE TO (OR AS A CONSEQUENCE OF):  CAY d/d my sya/thy  DUE TO (OR AS A CONSEQUENCE OF):  U Year  DUE TO (OR AS A CONSEQUENCE OF):								
CERTIFICATION	CAUSE (Disease or Injury that initiated events oue TO (OR AS A CONSEQUENCE OF):								
L CERT	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS								
MEDICA	End stage Re	nol Failurs	2			1 TYES	PRMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
SIC!	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 - NO	HOSPITAL:		THER:	CE OF DEATH (C/	6 Other (Specify)			
BY PHYSICIAN:	27. MANNER OF DEATH  1. Netural 5 Pending 2 Accident Investigation	26s. DATE OF INJURY (Month, Day, Year)	26b. TIME (	OF 28c. INJU	RY AT	28d. DESCRIBE HOW	INJURY OCCUR	ED	
	3 Suicide a Could not be 4 Homicide determined	28e. PLACE OF INJURY - building, etc. (Specif	28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)		261. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
COMPLETED	29e. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and piace, and due to the cause(e) and manner as stated.  2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date and piace, and due to the cause(e) and manner as stated.								
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER  M.D.  296. LICENSE NUMBER  D 2/3 40  3-2/-90  30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)  RAYMOND BASS 3941 Fellowa Dr. Wheath, Na 2506								
	RAYMOND ?	BASS 3941	Fellara	P. 1	Nheats	1, Na 20	9.6		
	31. DATE FILED (Month, Day, Year) '90	32. REGISTRAR'S SIGNA							

16, BALTIMORE, MARYLAND	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with ours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache to find within 72 hours after death with the State Deut, of Health and Mental Hodiene prior to burial, cremation, or removal.	IMPORTANT: It tem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
S, P.O. BOX 1314	the death certificate be executed	the attending physician and cor Mental Hydiene prior to burial.	njury, or other traumatic e
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	IG PHYSICIAN: The law requires that t	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fired within 72 hours after death with the State Dent, of Health and Mental Hoolene prior to burial, cremation, or removal.	narked, or item 23 shows any I
DIVISIO	TO THE HOSPITAL OR ATTENDIF	TO THE FUNERAL DIRECTOR: At the filed within 72 hours after de	IMPORTANT: If Item 28 Is 1

1	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTI			MENTAL	HYGIENE REG. NO.			
1	1. DECEDENT'S NAME (First, Middle, Last)	1.5	coff			2. DATE (	A LI	90 YEAR	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 212-38-6490	5. SEX 1 M 2 F 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR MONTHS DAYS			IF UNDER 24 HRS. HOURS MIN.	7. DATE (	6/32	Ma	TIPLACE (State or Foreign intry)  ryland	
	9a. FACILITY NAME (If not institution, give Western Maryland Cent 1500 pennsylvania Ave RESIDENCE OF DECEDENT		9		erstown, Maryland Washington					
UNECT	Maryland All	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCA			NTION			10d. INSIDE CITY LIMITS? 1 X YES 2 \( \text{\tint{\text{\tint{\text{\tint{\text{\tint{\text{\text{\text{\text{\tint{\text{\text{\text{\tilit{\text{\text{\text{\text{\text{\tin{\tint{\text{\text{\text{\text{\ti}\text{\texit{\text{\tex{\text{\text{\texi}\text{\text{\text{\texi}\text{\text{\texit{\titex{\texit{\texi{\texi{\texi{\texi{\texi{\texi{\texi{\ti}\texi\titt{\text{\texi{\texi{\texi{\texi{\texi{\texi{\texi{\texi{		
FUNEHAL	Route 1 Box 58		• ,		21555			U	S A	
BY FU	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	1 Never Married 2 Married FORCES? 1 YES 2 NO If yes, a			ECENDENT OF NISPANIC ORIGIN? (Specify Yea or No—specify Cuban, Maxican, Puarto Rican, atc.)  ES 2 NO Specify:  Wh1				ack, White, etc.	
COMPLEIED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)	thest grade completed)  (Give kind of work done during millie. Do NOT use retired.)  (College (1-4 or 5 +)			nost of working					
È	17. FATHER'S NAME (First, Middle, Last)		Housewife			Domestic				
22	Percy  19a. INFORMANT'S NAME (Type/Print)	Hoadley	105 MAII INC A	DODES (Charles	18. MOTNER'S NAME (First, Middle, Meiden Surmame)  Daisy Isabel Kifer  et and Number or Rural Route Number, City or Town, State, Zip Code)				Kifer	
2	Elizabeth Hall		Rt. 1	Box 58					21555	
	20a. METNOD OF DISPOSITION Burlal 2 Cremation 3 Rei Donation 5 Other (Specify)	20b. I	PLACE OF DISPOSITI		itery, crematory or		20c. LOCAT	TION — City or	- 1,7,7	
	TO SCHATURE OF FUNERAL SERVICE L	ICENSEE HC	few	Hafer	Chape Nation		The	Hills	Mortuary	
CERTIFICATION	23. PART I. Enter the disease, or shock, or heart feilure immediate cause (Final disease or condition resulting in deeth)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. PNEUMON DUE TO (OR AS A C	ine.	i	rioscl	Id	sease		Approximate interval Between Quest and Death Quest Mong	
MEDICAL CEN	PART II. Other algolificant condition	d	t not reaulting in	the underlying	cause given in	Part I.	24a. WAS AN AU PERFORME 1 YES 2	:07	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
PHYSICIAN: N	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PL	CE OF DEATH (Ch	eck anly on	•)			
2	1 YES 2 NO	HOSPITAL: 1 ∰ Inpetient 2 ☐ ER/Outpet		OTHER:	5 Residence	6 🗆 Other	r (Specify)			
BY PH	27. MANNER OF DEATN  1 Netural 5 Pending 2 Accident investigation	1 Natural 5 Pending (Month, Day, Year) INJURY WORK?  M 1 YES 2 NO								
3	3 Suicide 8 Could not be detarmined 28e. PLACE OF INJURY — At home, farm, atreet, factory, offica building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, atreet, factory, offica City or Town, State) 28f. LOCATION (Street and Number or Rural Poute Number, City or Town, State)						al Route Number,			
COMPLE	000)	SICIAN: To the bast of my knowle							e(a) and manner as stated.	
O BE C	29b. SIGNATORE AND TITLE OF CERTIFIE	Palomo	н (ITEM 27) <i>(Тур</i> е, Р	(vient)	D - Z	MBER 65	2	P. CATE BIGN	4 90	
	SOO PENNSY (	ANA AUL TO 122 REGISTRAR'S SIGNA	agerston	ion M	Da	217	40	1.7	9.30	
	APR 06 1990	Sie Landson Rond	A STA							

DIRECTOR

FUNERAL

BY

COMPLETED

permit. Pages 1, 2, 3

for use as the burial-transit

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**

1. OECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH 2. DATE OF DEATH DAY 1990 YEAR THOMAS CHARLES SCARPELLI APRIL 4, 06:24 Am 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH a. BIRTHPLACE (State or Foreign 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 12/04/918 DAYS HOURS Md. 1XXM 2 □ F 215 18 8493 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF OEATH ALLEGANY CUMBERLAND, MD SACRED HEART HOSPITAL RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Allegany Eckhart Md. 1 VES 2 NO 10g. CITIZEN OF WHAT COUNTRY? 10e. STREET AND NUMBER 10f. ZIP CODE 21528 U.S.A. P.O. Box 15, Beechers Ave. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 A YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuben, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married 3 Widowed 4 Divorced 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION Elementary/Secondary (0-12) College (1-4 or 5+) State College Carpenter 12 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Marie Chido Peter Scarpelli 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) P.O. Box 15, Eckhart, Md. 21528 Angela Scarpelli 20erMETHOD OF DISPOSITION
1 D.Buriel 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b, PLACE OF DISPOSITION (Name of cometery, crematory or 20c. LOCATION — City or Town, State Frostburg, Md. St. Michaels Cemetery 22. NAME AND ADDRESS OF FACILITY 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Durst Funeral Home, Frostburg, Md. 23. Part 1. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. **Onset and Death** IMMEDIATE CAUSE (Finel multi SysTem Organ Failure diseese or condition\_ reculting in death) DUE TO (OR AS A CONSEQUENCE OF): SEPSIS Sequentielly list conditions, DUE TO OR AS A CONSEQUENCE OF if any, leading to immediate MASSIVE cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): reaulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS SEVERE CHRONIC OBSTRUCTIVE PURMONTE PERFORMENT CUITIF RESDIRATORI FAILURE DISCASSE VYES 2 DAG AVAILABLE PRIOR TO COMPLETION DF CAUSE DE DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 Prinpetient 2 ER/Outpatient 3 DOA **EXAMINER?** OTHER: TO YES 2 TO NO 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO 2 Accident 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicide 6 Could not be 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CENTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Dgy, Year) haneMy D D256 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) SATURNINA CHANG, M.D. FROSTBURG PLAZA, FROSTBURG, MD 21532

the funeral director, page 5 should be detached

notified at

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medical

or other traumatic event, the

CERTIFICATION

PHYSICIAN:

BY

COMPLETED

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attending physician and completely filled in by intral Hygiene prior to burial, cremation, or remo

certificate be

law requires that the death een signed by the atter of Health and Mental 23 shows any injury,

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HOSPITAL OR ATTENDING PHYSICIAN:

certificate has been h the State Dept. of

After this ce is marked,

DIRECTOR: hours after d

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MEN	ITAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	1 - STATE OF MARY	LAND / DEPARTM CERTIFICA			NTAL HYGIEN	E			
1	1. DECEDENT'S NAME (First, Middle, Last)			2.	DATE OF DEATH		3. TIME OF DEATH		
Ì	Arthur Louis Schwallenb	ouis Schwallenberg			03-31-9		м		
1		E (In yrs. last birthday)	UNDER 1 YEAR	IF UNDER 24 HRS. 7.	DATE OF BIRTH	s. Bil	RTHPLACE (State or Foreign		
	212-12-0732 15€ № 2 🗆 🕫 7	1 YRS.	ITHS DAYS		(Month, Day, Year) 7-09-18	1	mbrills, MD		
	9e. FACILITY NAME (If not institution, give street end number)	96	CITY, TOWN O	R LOCATION OF DEATH		9c. COUNTY O	F DEATH		
FUNERAL DIRECTOR	3 Severn drive	A	nnapo	lis		Anne A	rundel		
, E	10e. STATE 10b. COUNTY	10c. CITY, TO	OWN OR LOCATI	ON			10d. INSIDE CITY LIMITS?		
ā	MD Anne Arundel	789	Anna	polis Ro	ad, Ann	apolis			
Z	789 Annapolis Road		10f.	21401		10g. CITIZEN O	F WHAT COUNTRY?		
Ę I	-								
E	11. MARITAL STATUS 1 Never Married 2 X Married 1. Never Married 2 X Married	S 2 NO		ENDENT OF HISPANIC C city Cuben, Mexican, Pu		or No— 14. R.	ACE — American Indian, lack, White, atc.		
В	3 Wildowed 4 Divorced IF YES, GIVE WAR OR	DATES	1 TYES	2 X NO Specify:		Sı	White		
	15. DECEDENT'S EDUCATION	18e. DECEDENT'S USL	IAL OCCUPATIO	N	16b, KIND OF BUS	INESS/INDUSTR			
E I	(Specify only highest grade completed)  Elamentery/Secondary (0-12) College (1-4 or 5 +)	(Give kind of work life. Do NOT use re			117 200 1 20	and the second second			
립	7	Cabine	t Ma	ker	Baysi	de Cak	o. Co.		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	<u> </u>		18. MOTNER'S NAME (		Sumame)			
BE	William A. Schwallenber	g		Mary Wa	yson				
10	19a. INFORMANT'S NAME (Typo/Print) Donald Schwallenberg	19b. MAILING ADI	DRESS (Street a	nd Number or Rural Route	Number, City or Town	n, State, Zip Code,	MD 21401		
-							MD 21401		
	20e. METHOD OF DISPOSITION  1 String Burlet 2 Cremetion 3 Removal from State	Lake of disposition t	N (Name of cerr	netery, crematory or		CATION — City o	r Town, State		
	4 Donetton 5 Other (Specify)	akemone		D ADDRESS OF FACILITY		Lusonv	/IIIe, MD		
	21. SIGNATURE OF PAGE THE SUPPLIE CHERSEE		1	esty Fun		me P.A	4.		
	· Date of Wenter.	c	12 R	idaelv A	venue.	Annapo			
	23. PART I. Enter the diseases, or complications that ceus shock, or heert fellure. List only one ceuse on		entar tha mo	de of dying, such as	cerdiac or respi	ratory arrest,	Approximata Interval Between		
	IMMEDIATE CAUSE (Finel								
	disease or condition  a. MR A STATIC COLON CAR CINION A  Due TO (OR AS A CONSEQUENCE OF):								
	DUE TO (OR AS A CONSEQUENCE OF):								
O	Sequentielly list conditions, DUE TO (OR A)	Sequentielly list conditions,  DUE TO (OR AS A CONSEQUENCE OF):							
CERTIFICATION	If any, leeding to immediata cause. Enter UNDERLYING								
F	CAUSE (Disease or Injury thet initiated evants	S A CONSEQUENCE OF):							
1	resulting in daeth) LAST								
	PART II. Other significant conditions contributing to death	but not moulding in t	ha wadaalida	cours share in Don	t I. 24e. WAS AN	AUTOROV	24b. WERE AUTOPSY FINDINGS		
S	TAIN II. Other arginiteant conditions contributing to death	r but not resulting in t	na unuenying	Cause givan in Fai	PERFOR		AMAILABLE PRIOR TO COMPLETION DF CAUSE		
					1   YES 2	□ NO	OF DEATH?		
Σ					-		1 TYES 2 NO		
AN	25. WAS CASE REFERRED TO MEDICAL		26. PL	ACE OF DEATN (Check of	only one)				
SIC	EXAMINER?  1 YES 2 NO 1 Inpatient 2		THER:  Nursing Hom		Other (Specify)				
PHYSICIAN: MEDICAL	27. MANNER OF DEATH 28s. DATE OF INJUR	Y 28b. TIME O	F 28c. INJ	URT AT 28	d. DESCRIBE NOW I	NJURY OCCURE	)		
	Natural 5 Pending (Month, Day, Yea	r) INJURY		RK? 'ES 2 NO					
) BY	3 Suicide 28e. PLACE OF INJU	IRY — Af home, farm, etrae	et, factory, office	28	f. LOCATION (Street of	and Number or Ru	ral Route Number,		
田	4 Homleide determined building, etc. (Specify)  City or Town, State)								
1	29e. CERTIFIER (Check only   Check only   Certifying PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) and menner ee stated.								
COMPLETED	one) 2 MEDICAL EXAMINER: On the beels of examins	ition end/or investigation, i	n my opinion, d	eath occured at the time	e, date end place, en	d dus to the ceu	se(e) end manner ea stated.		
EC	29b. NGNATURE AND TITLE OF CONTINEN			29c. LICENSE NUMBER	R	29d. DATE SIG	NED (Month, Day, Year)		
8	Sten Steam			0278	38	14	2/91		
5	30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF	DEATN (ITEM 27) (Type, Pri	nt)	-, -, 0	-0		70		
	JOHN SHAVERS, 7, 0.	518 C	ANP	MARDI	RRD	LIA	174(20)?		
	31. DATE FILED Maryh, Day, Tearly 32. REGISTRAR'S SI	GNATURE					/ /		

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FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Lest)

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	death	freman
5	SPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours after death, Page	sterns: Publication ship positioned has been sterned by the others the ships and commission the filled in by the treatment size
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		1. DECEDENT'S NAME (First, A	Aiddle, Last)							2. DATE O	F DEATH		YEAR 3	. TIME OF DEATH
		RICHARD A. SCHADE 3 26 1990 12									12:15 PM			
		4. SOCIAL SECURITY NUMBER	R	5. SEX	6. AGE (In yrs. las		IF UNDER 1		IF UNDER 24 HRS.	7. DATE O	F BIRTH Day, Year)	6	Country)	ACE (State or Foreign
10	1	220-25-4573		LXXM 2 F		YRS.	MONTHS 4	25	HOURS MIN.		-1-89			vland
should		9a. FACILITY NAME (If not insti	itution, give st				96. CITY,		OR LOCATION OF DE	ATH		9c. COUNT		
en en	pirector	University		ryland H	ospital			Bal	Ltimore				N/A	
ing prysician. the burlat-transit permit. Pages 1, 2,	HEC		10b. COUNTY			10c. CITY,	TOWN OF	LOCA	TION		Trans.		10	Dd. INSIDE CITY
듣		_Maryland_	Anne	Arunde1			Anr		lis					XXYES 2 NO
it per	FUNERAL	104. STREET AND NUMBER						10	I. ZIP CODE					AT COUNTRY?
trans	INE	1813 Bayrid	ge Av		NT EVER IN U.S. AF	RMED	13 W	AS DEC	21403 ENDENT OF HISPAN	IC OBIGIN?	(Specify Ver		USA	- American Indien,
prysician burlal-tra		1 Never Married 2 M		FORCES?	YES 2 X		11	yes, sp	ecify Cuben, Mexical 2 NO Specify	ı, Puarto Ri			Black, \ Specify:	White, etc.
as the	ВУ	3 Widowed 4 Divorc							<b>X</b>					White
nse nse	TED	(Specify only I	7	completed)	(0	ECEDENT'S to Sive kind of we b. Do NOT use	ork done di			16b.	KIND OF BU	SINESS/INDU	STRY	
ached for	COMPLET	Elementary/Secondary (0-1	2)	College (1-4 or 5	+)							NT / A		
detach	NO.	17. FATHER'S NAME (First, Mid-	die, Last)				V/A	-	18. MOTHER'S NA	ME (First, M	iddle, Maiden	N/A Surname)	_	
at at	ш	Alan Dale	Schad	<u>e</u>					Cynt	hia l	Lee Jo	ourdan	t	
ter osent. Page b may be retained by the hospital of the funeral director, page 5 should be detached for oxal. al examiner must be netified at once.	TO B	19a. INFORMANT'S NAME (Typ			19				and Number or Rural F					
y be re		Alan D. Sc		***					ge Ave.	Annaj			-	
i director, pa		20a, METHOD OF DISPOSITION  12. Memorial 2 Cremetion 3 Removal from State  20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place)  20c. LOCATION — City or Town, other place)												
direct in direct		21. SIGNATURE OF FUNERAL SERVICE LICENSEE  Washington National Cemetery   Suitland, Mar  22. NAME AND ADDRESS OF FACILITY  George P. Kalas Funeral Home								aryland				
e funeral dir s. examiner		1/4/11	2.1.1					eoi	rge P. Ka	las				1 207/5
y the noval.		23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest,   Approximate												
ed in by the or removal medical									interval Between					
ily fille ation,		disease or condition Brain Dooth												
completely filled in by the rial, cremation, or removal cevent, the medical c		resulting in death)		N	O (DR AS A CDNSE		):							
executed within 24 in and completely fille to burial, cremation, imatic event, the	N	Sequentially list condition	ons.	. Se	vere Ce	rebra	L Ede	ema						1 Day
cian a for to	CATION	if any, leading to immedicause. Enter UNDERLYIN	ate		O (OR AS A CONSE									2 D
ertificate be execute ing physician and cr giene prior to buria other traumatic	RTIFIC	CAUSE (Disease or Injury that initiated events		DUE TO	O (OR AS A CONSE	CAL INC	): SUTUE	311.	LS					2 Days
H H	ERT	resulting in death) LAST		Pn	eumococo	cal Se	epsis	3					4 Days	
the att Memta Memta	L CE										24e. WAS AF	S AN AUTOPSY 24b. WERE AUTOPSY FINDINGS		VERE AUTOPSY FINDINGS
d by the and my in	EDICAL					PERFORMED?				MAILABLE PRIOR TO COMPLETION OF CAUSE				
eer signe of Health	MED	1X YES 2 ND OF DEATH?								F DEATH?				
Sh of														. A.
N: The la icate has State De Item 2	SICIAN:	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HQSPITAL:			OTHER		LACE DF DEATH (Ch	eck only one	)			
ertifica the Str	HYSI	1 TES 2 ND		1 Xinpatient 2	☐ ER/Outpatient	_	4 🗆 Nurs	ing Hor	ne 5 🗆 Residence					
free this ce eath with t marked,	0	27. MANNER OF DEATH  1 X Natural 5 P	ending	28e. DATE D (Month,	F INJURY Day, Year)	28b. TIME INJU		W	JURY AT DRK? YES 2 NO	28d. DE\$	CRIBE HOW	INJURY OCCU	JRED	
After death	ВУ	2 Accident In	weetigation	28e. PLACE	DF INJURY At h	ome, farm, s	treet, facto			281. LOCA	TION (Street	and Number o	r Rural Roi	ute Number,
TOR:	TED		could not be atermined	building	, etc. (Specify)					City o	r Town, State	)		
	PLE	29a, CERTIFIER 1 X CERTII	FYING PHYSI	CIAN: To the best of	of my knowledge, d	leath occurre	d at the ti	me, dat	and place, and due	to the cau	se(s) and ma	nner as state	d.	
Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z												and manner as stated.		
M Will	w	296. SIGNATURE AND TITLE I	DF CERTIFIE	0 1					29c. LICENSE NUI	MBER		29d. DATE	SIGNED (	Month, Day, Year)
TO THE HOSPITA TO THE FUNERA DE filed within 7 IMPORTANT: I	TO B	anient	4		m.p.							► Ma	rch 2	6, 1990
	-	30. NAME AND ADDRESS OF							1.7.	21.001				
		Constantino 31. DATE FILED (Month, Day, M		M.D. 2	2 S. Greer	ne Stre	et B	alti	more, Md.	21201				
		MAR 29 '90	/	Silia Dav	dson-hand	200								
9	ш	MAK C 7 AII		0										DHMH-16 Rev 1/89

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

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13146,	executed with
O. BOX	cartificate be
٩.	death (
4 OF VITAL RECORDS, P.O. BOX 13146,	WITH OR ATTENDING DAYSICIAN. The law requires that the death certificate be executed with
OF VITAL	DHYSICIAN- The
DIVISION	ATTENDING
6	OB
	ATTA

	1 - STATE REGISTRAR	STATE OF MARYI				DEATH AND		YGIENE EG. NO.		0 112
	1. DECEDENT'S HAME (First, Middle, Adriana E.						2. DATE OF C	DAY	YEAR 3.	TIME OF DEATH
	4. SOCIAL SECURITY HUMBER 577-34-6077  A. FACILITY HAME (If not institution,	1 □ M 2 💢 F 88	(In yrs. last birth	RS. MONTHS	DAYS Y, TOWN	IF UNDER 24 HRS. HOURS MIN, OR LOCATION OF 0	7. DATE OF B (Month, Day 09/02/ EATH	( Year) 01 E	Country)	ACE (State or Foreign nengo, Ita TH
CTOR	Greenbelt Nur	sing Home			Gree	enbelt		Prin	ce G	eorge's
DIRE		rince George's		Chev	_	TIOH				LIMITS?  YES 2 NO
RAL	6111 Montrose	Pood			10	1. ZIP CODE 20785		10g. CITIZ		AT COUNTRY?
BY FUNER	11. MARITAL STATUS  1 Hever Merried 2 Merried  3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	2 X HO	13.	If yes, sp	CEHDENT OF HISPA Decity Cuban, Mexic 3 2 NO Speci	an, Puarto Rican		U.S.  14. RACE — Black, V  Specify: Wh	- American Indian, Whita, etc.
ED	15. DECEDENT'S (Specify only highest	EDUCATION grade completed)	(Give kir	NT'S USUAL O	during mo		18b. KIH	D OF BUSINESS/INDI		110
COMPLET	Elementary/Secondary (0-12) 12th	College (1-4 or 5+) 4 yrs.	Nurs	OT use retired.			St.	Mary's H	ospit	al
	17. FATHER'S HAME (First, Middle, Las	1)						a, Meiden Surname)		
IO BE	Quinto Spelta  19a. IHFORMANT'S HAME (Type/Print)		19b. MA	ILING ADDRES	S (Street I		na Scri	bante Sty or Town, State, Zip	Code)	
		, or complications that cause on	Line ad the death.	Coln C	HAME A ranc 739	HD ADDRESS OF F. CIS Gasch Baltimore ode of dying, suc	ACILITY n's Fun e Ave., ch as cardiac		nd, Me, PA	Maryland
CERTIFICATION	disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	b	A CONSEQUEN	ICE OF):	W	rest				Livnest
MEDICAL	PART II. Other significant con-	ditions contributing to deeth luli well well was a contribution of the contribution of						PERFORMEO?  YES 2 NO	A CO	/ERE AUTOPSY FINDINGS WAILABLE PRIOR TO OMPLETION DE CAUSE OF DEATH?  YES 2 NO
ICIA	25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 (C) NO	HOSPITAL:		OTHE	R:	LACE OF DEATH (C				
BY PHYSICIAN:	27. MAHHER OF DEATH  1  Hetural 5 Pending 2 Accident Investigs	1   Inpatient 2   ER/Ou 28s. DATE OF IHJURY (Month, Day, Year)	7 28	b. TIME OF INJURY	28c. IH	TOPICS 2 NO		ecity) BE HOW INJURY OCC	URED	
E	3 Suicide 6 Could not determine		RY — At home, to pecify)	farm, street, fa	ctory, offic	CO	28f. LOCATIO City or To	N (Street and Number wn, State)	or Rural Rou	vte Number,
COMPLET	onel	PHYSICIAN: To the best of my kno AMINER: On the basis of axaminat								and manner as stated.
TO BE C		THE WHO COMPLETED CALISE OF D				29c, LICENSE NU	7572	29d. DATE	SIGNED (M	North, Day, Year)



APR 05 90

FOR

40	physician,	bunal-transit permit. Pages 1, 2, 3 should	
DALLIMONE, MANTLAND 21203-3140	nours after death. Page 6 may be retained by the hospital or attendin	d in by the funeral director, page 5 should be detached for use as the	or removal.
DIVISION OF VIAL RECORDS, F.C. BOX 13146,	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be versined by the hospital or attending physician.	THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to bunal, cremation, or removal,

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYL			OF HEALTH		MENTAL HYGIENI REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)	H. Sa.	rtucc	ù.			2. DATE OF DEATH MONTH DA	¥	3. T	1:40 PM
	4. SOCIAL SECURITY NUMBER 2:62 29 4219		In yrs. lest birthday) 84 YRS.	IF UNDER 1	YEAR IF UNDER	24 HRS.	7. DATE OF BIRTH (Month, Day, Year) 8-1-1905		BIRTHPLAN Country) 1ary1	ce (State or Foreign and
DIRECTOR	Holy Cross Hospit				own or Locati		ATH	9c. COUNTY Montg		
5	PRESIDENCE OF DECEDENT  -10e. STATE 10b. COUNTY	v	400 00	Y, TOWN OR	LOCATION				Los	MINIOR OTTY
Ë	Florida									INSIDE CITY
	100. STREET AND NUMBER	Broward		eeri1	eld Bea			10g. CITIZEN		YES 2 NO
FUNERAL	1040 S.E. 4th Av	.0			2344	77				
3	11, MARITAL STATUS	12. WAS DECEDENT EVER IN	Y U.S. ARMED	13. W			IC ORIGIN? (Specify Yea	Unite		ATES American Indien, lite, etc.
	1 Never Merried 2 Merried	FORCES? 1 TYES IF YES, GIVE WAR OR DA	2 NO	It.		ın, Mexican	, Puerto Ricen, etc.)		Black, Wh Specify:	nite, etc.
B	3 🗵 Widowed 4 🗌 Divorced		No				No		Whi	te
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade		16e. DECEDENT'S	work done du	CUPATION ring most of working	ng	16b. KIND OF BUS	INESS/INDUST	RY	
٣	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT u							
Ř	17. FATHER'S NAME (First, Middle, Last)		Homemak	er	l as ween		Own Ho			-
	John Huber						rfield An			
띪	19e. INFORMANT'S NAME (Type/Print)		10h MAII IN	Annesee			oute Number, City or Town		ria i	
유	Shirley Pearsall						ille Maryl			-
	20e. METHOD OF DISPOSITION		. PLACE OF DISPO					and Z		State
	1 Spuriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	ovel from State	other place) Boca Rate			matery or		Raton		
	21. SIGNATURE OF FUNERAL SERVICE LIC		\	22. N	AME AND ADDRE	SS OF FAC	CILITY			Tuu
	▶ Robert E. E	Evans (	res.				Funeral Hor Lis Rd. Boy			15
	23. PART I. Enter the diseases, or	complications that caused	the death. Do							Approximata
	IMMEDIATE CAUSE (Final	List only one ceuse on e		Pace	ENCY					Interval Between Onset and Death
_	readiling in death)	DUE TO (OR AS A LARGE CO	consequence of	ELNUM	+ of	Lun	167			
ATIO	If any, leading to immediate cause. Entar UNDERLYING	DUE TO (OR AS A	CONSEQUENCE	OF):			1			
CERTIFICATION	CAUSE (Disease or injury that initiated events reaulting in deeth) LAST	DUE TO (OR AS A	CONSEQUENCE (	PF):						
8	PART II. Other algnificant condition	ne contribution to death b		In the cond			B 1			
PHYSICIAN: MEDICAL	PART II. Ottos agrinicant condition	ia contributing to death b	or nor resulting	in the unc	erlying causa	givan in	Part I. 24a. WAS AN PERFOR 1 TYES 2	MED?	AVA COI OF	RE AUTOPSY FINDINGS ILLABLE PRIOR TO MPLETION OF CAUSE DEATH?  YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL					NE ATAL 401				
2	EXAMINER?	HOSPITAL:	notices 2 DOS	OTHER:						
¥	27. MANNER OF DEATH	1 Inpetient 2 ER/Outs 26e. DATE OF INJURY	28b. Til		ng Home 5   R	esidence	6 Other (Specify)  28d, DE\$CRIBE HOW II	NJURY OCCUR	ED .	
	1 Netural 5 Pending	(Month, Day, Year)	116	JURY	WORK? 1 YES 2	□ NO				
ED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, term,	street, factor	ry, office		281. LOCATION (Street a City or Town, State)	and Number or	Rural Route	Number,
	29a. CERTIFIER									
COMPLETED	and a	ER: On the basic of examination							ause(a) and	d manner se stated.
BE	296. SIGNATURAL FITTE OF CENTIFIE	N			29c. LIC	ENSE NUM	IBER	29d. DATE S ► 3	MED (M	nth, Day, Year)
٩	30. NAME AND ADDRESS OF PERSON WITH CIG	10 COMPLETED CAUSE OF DE	CG 4	Print)	nur S	Prince	a Mo			
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	YTAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-nours after	national programs. A secretary secretaries has been stoned by the attending observing and completely filled to by the
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTMENT CERTIFICATE		MENTAL HYGIEN					
	1. DECEDENT'S NAME (First, Middle, Last) Edward	J.	Schmuck		2. DATE OF DEATH MONTH April 8	AV VEAR	3. TIME OF DEATH  3 P M			
	4. SOCIAL SECURITY NUMBER  126-22-1929	5. SEX 6. AGE (In 80	7. DATE OF BIRTH (Month, Day, Year) Sept. 11,	1909 New	V York					
DIRECTOR	9e. FACILITY NAME (If not institution, give s  SUBURITAN  RESIDENCE OF DECEDENT	HOSPITAL	BE	THESOA		9c. COUNTY OF D				
	Maryland Mont	10c. CITY, TOWN O	Bethesda			10d. INSIDE CITY LIMITS? 1  YES XX NO				
FUNERAL	8017 Hampden Lai	ne		2081	4	10g. CITIZEN OF W	S.A.			
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 XXES IF YES, GIVE WAR OR DATE WWW	2 NO	WAS DECENDENT OF HISPA If yes, specify Cuber, Maxic 1 YES 2 1010 Specif	OF HISPANIC ORIGIN? (Specify Yes or No— Black, White, stc.)  Specify:  White					
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	JCATION	16e. DECEDENT'S USUAL OF (Give kind of work done of life. Do NOT use retired.)			in law f				
OMI	17. FATHER'S NAME (First, Middle, Last)	7 7	FAW I-	16. MOTHER'S N	AME (First, Middle, Meiden					
BEC	Adam W:	illiam	Schmuck	Louisa		F	Kiser			
10 8	19a. INFORMANT'S NAME (TyperPrint)  Laura Soule Schmuck  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  8017 Hampden Lane, Bethesda, Maryland 208									
	20a. METHOD OF DISPOSITION 1	novel from State Me	PLACE OF DISPOSITION (Na other place) Ontgomery Cr	rematorium,	Inc. B	ethesda,	Maryland			
	21. SIGNATURE OF FUNERAL SERVICE LI	3. Senal	M00522 B	NAME AND ADDRESS OF FU Cobert A. Pu Bethesda-Che Avenue, Beth	vy Chase,	Inc., 755	e 57 Wisconsin 314-3501			
	23. PART i. Enter the diseases, Dr ahock, Dr heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	. List only one cause on ea	ch line.				Approximate interval Between Onset and Death			
NO	DUE TO (OR AS A CONSEQUÊNCE OF):  PULMONARY EMPHYSEMA AND YEAKS  Sequentially list conditions.  D. PULMONARY EMPHYSEMA AND									
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):									
KERT	resulting in death) LAST	d. COR	PULMON				YEARS			
PHYSICIAN: MEDICAL C	PART il. Other significant condition	ns contributing to death bu	it not resulting in the ur	nderlying cause given in		RMED?	b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION DF CAUSE OF GEATH?  1 YES 2 NO			
SIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	WOODITAL.		26. PLACE OF DEATH (C	theck only one)					
YSIC	1 TYES 2 NO	HOSPITAL: 1 Inputient 2 ER/Output		rsing Home 8 - Residence						
ву Рн	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation		28b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DEŞCRIBE HOW	INJURY OCCURED				
E	3 Suicide 8 Could not be 4 Homicide detarmined	28a. PLACE OF INJURY building, etc. (Speci	— At home, farm, street, factify)	tory, office	281. LOCATION (Street City or Town, State		Route Number,			
COMPLET	one)	SICIAN: To the best of my knowle IER: On the basis of examination					a) and manner as stated.			
BE	San Manager and All Confeet	- MA FCC	P	29c. LICENSE NU	JMBER 067	29d. DATE SIGNED	0 (Mogth, Day, Year)			
10	30. NAME AND ADDRESS OF PERSON WIT	HO COMPLETED CAUSE OF ORA	NTH (ITEM 27) (Type, Print)	9410 040 BETHES	GEORG	FTOWN	KOAD 20814			
	31. DATE FILEO (Month, Day, Year) ADD 1 0 90	32 REGISTRAR'S SIGNA		10-11-11						

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be r

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2 MEDICAL EXAMINER: On the basis of exam

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

The conserve

354 Mill St. Hagerstown, MD

29b. SIGNATURE AND TITLE OF CERTIFIER

John H. Hornbaker

31. DATE FILED (Month, Cay Year)

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH 2. DATE OF DEATH MONTH 1. OECEOENT'S NAME (First, Middle, Last) 3. TIME OF DEATH H. SOUTH March 21, 50 ANEL 1990 7. DATE OF BIRTH (Month, Day, Year) NOV. 2, 1915 4. SOCIAL SECURITY NUMBER IF UNDER 1 YEAR IF UNDER 24 HRS. DAVE Maryland 1 X M 2 | F 74 214-09-5945 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Washington County Hospital Washington Hagerstown RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 1 YES 2 NO Smithsburg MD Washington 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 10f. ZIP CODE Rt. 4 Box 246 21783 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—
If yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. If yes, specify Cuben, Mexican, Puerto Ri FORCES? 1 YES 2 1 Never Married 2 Married Specify: BY 3 Widowed 4 Divorced White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16h. KIND OF BUSINESS/INDUSTRY (Specify only highest gi Elementary/Secondary (0-12) College (1-4 or 5+1 Supervisor Panaborn 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Naomi NMN. Roy O. South Knott BE 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 4 Box 246 Smithsburg, MD 21783 South Dorothy M. 20a, METHOD OF DISPOSITION
1 X Burlal 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory of other place) 20c. LOCATION - City or Town, State Rest Haven Cemetery Hagerstown. MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Davis Funeral Home tennis 3 Box 78 Smithsburg. MD 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory strest, Approximate shock, or heert fellure. List only one cause on each line. Onset and Death IMMEDIATE CAUSE (Final diseese or condition DUE TO (OR AS A CONSEQUENCE OF): resulting in death) per seeme CERTIFICATION Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS 24a. WAS AN AUTOPSY MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 | YES 2 | NO OF DEATH? 1 | YES 2 | NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL OTHER: 1 YES 2 NO etient 2 - ER/Outpetient 3 - DOA me 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF 26c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO BY Investigation 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 26f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be 6 4 Homicide ET 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. COMPL

nation and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(aj and manner as stated.

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29c. LICENSE NUMBER

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29d, DATE SIGNED (Month, Day, Year)

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THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25 hours after de	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fu	NOUR	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical ex
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FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM			ENTAL HYGIEN						
1. DECEDENT'S NAME (First, Mid	Johanne A.	Schillin	ıg		2. DATE OF DEATH DON'TH April 1	1990	3. TIME OF DEATH 1:00 P. M				
4. SOCIAL SECURITY NUMBER 213-21-5340	1- <b>XX</b> ** 2 <b>X</b> F 90	6 YRS.	FUNDER 1 YEAR ONTHS DAYS	HOURS MIN	7. DATE OF BIRTH (Month, Day, Year) eb. 26, 1	.894 (					
99. FACILITY NAME (If not institute 9316 Lancelot RESIDENCE OF DECEM	t Road	тн		e George's							
Maryland 1	Prince George's		t Wash:	ngton			10d. INSIDE CITY LIMITS? 1 Tyes 2 N No				
100. STREET AND NUMBER 9316 Lancelot 11. Marital Status	t Road		101.	20744		Gern	EN OF WHAT COUNTRY?				
11. MARITAL STATUS 1 Never Married 2 Mar 3 Widowed 4 Divorced		2 XNO	If yes, spe	enDENT OF HISPANIC city Cuben, Mexican, 2X NO Specify:		7 (Specify Yes or No- Hoan, atc.)  14. RACE — American Indian, Black, White, atc.  SpecifiWhite					
	NT'S EDUCATION hest grade completed) College (1-4 or 6 +)	16a. DECEDENT'S US (Give kind of work life. Do NOT use in	k done during mo: etired.)	N at of working		BUSINESS/INDUSTRY					
17. FATHER'S NAME (First, Middle	(Lest)	Homemak	eı	18. MOTHER'S NAME	E (First, Middle, Maider		State, Zip Code)  1. Md. 20744  FION — City or Town, State  andria, Va.				
					Holst	, ourname,					
19a INFORMANT'S NAME (Type)		19b. MAILING AD	DRESS (Street a	nd Number or Rural Ro		wn, State, Zip C	Code)				
Eva S. Robi	inson										
20a. METHOD OF DISPOSITION 1	3 Removal from State	Metropol	ON (Name of cen	etery, crematory or	20c. L	OCATION — CI	ity or Town, Stata				
21. SIGNATURE OF FUNERAL SE	STORE HOPPINGS KADA	1)	Geor	ge P. Ka	um las Funer	al Hom	ie				
IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentielly list conditions if any, leading to immediat cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b	A CONSEQUENCE OF):  A CONSEQUENCE OF):	26uli	FV eu	led dis	ebre	Interval Betwee Onset and Deal				
PART II. Other significant of the significant of th	conditions contributing to death i	but not resulting in	the underlying	cause given in P		N AUTOPSY DRMED? 2 X NO	24b. WERE AUTOPSY FINDING: AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO				
25. WAS CASE REFERRED TO ME				ACE OF DEATH (Chec	ck only one)						
1 NYES 2 NO	HOSPITAL: 1 ☐ Inpetient 2 ☐ ER/Out	patient 3 DOA 4	THER:	5 X Rasidence 6	☐ Other (Specify)						
I C MELTINE D C LANK	28s. DATE OF INJURY (Month, Day, Year) stigation	28b. TIME (	Y WO	URY AT RK? 'ES 2 NO	26d. DESCRIBE HOW	INJURY OCCU	URED				
	3 Suicide 6 Could not be 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28s. LOCATION (Street and Number or Rural Route Number, City or Rown, State)										
Torrock Grilly V	ING PHYSICIAN: To the best of my know										
Augusts X	Rosey wy	EATH (ITEM 27) (Type, Pr		D 21230	BER		signed (Month, Day, Year) ril 1, 1990				
Jugusto P. 31. DATE FILED (Month, Day, Year	Rodriguez, M.D.	5009 Ra		Ct. Camp	Springs	Md.	20748				

BALLIMORE, MARYLAND 21203-3146	n 24 hours after death. Page 6 may be retained by the hospital or attending physician.	by filled in by the funeral director, page 5 should be detached for use as the burial-transit ation, or removal.	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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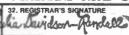
	SIAIE	TATE OF MARYLAND /		MENT OF HI				, (,,,,,,	
	1. DECEDENT'S NAME (First Middle Last)	D. Schwab	r K	AIE OF	DEATH		DAY YEAR	3. TIME OF DEATH	
OR	4. SOCIAL SECURITY NUMBER 5. S 579-68-6231  9a. FACILITY NAME (If not institution, give street a 6103 Osborne Road RESIDENCE OF DECEDENT	t birthday) IF MO	/	On the Country of the					
DIRECTOR	10a. STATE 10b. COUNTY 10c. CITY, 1			own on Locati andover					
VERAL	6103 Osborne Road				2078.	A.			
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 MNO IF YES, GIVE WAR OR DATES				13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yes, specify Cuban, Maxican, Puarto Rican, etc.)  1 ☐ YES 2 M No Specify:  Specify:  White				
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5 +)  HOUS CITED  The property of the property o			k done during mos etired.)	N it of working	16b. KIND OF B	Oran Homo		
BE COM	9 Housewife Own Home  17. FATHER'S NAME (First, Middle, Last)  Claude C. Crutchfield Dorothy V. Stevens								
TO B	19e. INFORMANT'S NAME (Type/Print) Cecil Schwab	6	5103 Os	sborne	Road, La	noute Number, City or Tandover, N	larvland		
	20s. METHOD OF DISPOSITION  1			Cemetery Brentwood, Maryland 22. NAME AND ADDRESS OF FACILITY Francis Gasch's Sons Funeral Home, PA 4739 Baltimore Ave., HYattsville, MD 20781					
	23. PART I. Enter this diseases, or complications that caused the desth. Do not enter the mode of dying, such as cardisc or respiratory arreet, shock, or heart fellure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Due to (or as a consequence of):								
CERTIFICATION	Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in desth) LAST								
MEDICAL	PART II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I.    24a. WAS AN AUTOPSY PERFORMED?   24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?   1   YES 2   NO							AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
PHYSICIAN:	YES 2 NO 1	OSPITAL: Inpatient 2 - ER/Outpatient 3	DOA 4	OTHER:		6 Other (Specify)			
ED BY PH'	The Netural 5 Pending (Month, Dey, Year) INJURY WORK?  2 Accident Investigation 3 Suicide 6 Could not be building, etc. (Specify)  28e. PLACE OF INJURY — At home, farm, street, factory, office City or News. Suicide City						N INJURY OCCURED  et and Number or Run  tte)	al Route Number,	
	4 Homicide determined								

PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) JOHN 1919 **ROGERS** MD SEMINARY ROAD SILVER SPRING, MARYLAND 20910

29c. LICENSE NUMBER

APR 02 \*90

296. SIGNATURE AND TITLE OF CERTIFIED



29d. DATE SIGNED (Month, Day, Year)

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THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within acrouns after	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by ti	filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or remov	PARTICULAR SE LA COMPANY OF LA COMPANY OF SECULOR SECULOR SECULOR OF SECULOR S

31. DATE FILED (Month, Day, Year) 30

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 03 24 90 7. DATE OF BIRTH (Month, Day, Year) 2-4-10 4 SOCIAL SECURITY NUMBER S. SEX 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS 50154 N.C. 1 M 2 2 F 80 579-28-3166 PINCE GE FACILITY NAME (If not institution. Georges DIRECTOR 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Ft. Washington Mc. P.G. 1 YES 20.NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 20744 U.S.A. 12021 Livingston Road 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMEO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 2 X 000 1 Never Married 2 Merried BY **②**□X Widowed 4 □ Divorced White COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade of (Give kind of work done during most of working life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) Own Home 3 0 Homemaker 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Melden Surname) Unknown Waycaster Benjamin Honeycutt BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Edward Hensley 1707 Lee Rd., Ft. Washington, Md. 20744 20e. METHOD OF DISPOSITION

1XX Suriel 2 Cremetton 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION -- City or Town, State Suitland, Md. Washington Nat'l Cemetery 21. SIGNATURE OF FUNDAL MIRVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Lee Funeral Home, INC. 6633 Old Alexander Ferry Road Clinton, Maryland 20735 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart fallure. List only one cause on each ilne. Interval Between Onset and Death **IMMEDIATE CAUSE (Final** disease or condition resulting in death) CERTIFICATION Sequentially ilat conditions, IOR AS A CONSEQUENCE OF if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events OUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PHYSICIAN: MEDICAL AMILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 TES 2 NO 1 TES 2 NO 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF OEATH (Check only one) EXAMINER? HOSPITAL: OTHER: itient 2 - ER/Outpatient 3 - DOA me 5 - Residence 8 - Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED Natural 5 Pending 1 YES 2 NO BY Investigation 2 Accident 28e. PLACE OF INJURY --- At home, farm, street, factory, office building, etc. (Specify) 3 Sulcide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) ED 4 | Homicide determined П CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and piece, and due to the cause(s) and manner as stated. COMPL (Check only one) MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, dete end place, and due to the cause(a) and manner as stated. AND TITLE OF CENTIFIER 29d. DATE SIONED (Month, Day, Year) BE Ü 2 NESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

NM.D.

FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MEN CERTIFICATE OF DEATH	ITAL HY

	FOR STATE REGISTRAR	STATE OF MA					EALTH AND I		YGIENE REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)	GEORG	E	ROY	S	EWE	LL	2. DATE OF MONTH	ch 30		YEAR	3. TIME OF DEATH 9:04 a. M	
	4. SOCIAL SECURITY NUMBER 214-36-3503	5. SEX 1. M 2   F	3. AGE (In yrs. lesi	t birthday) YRS.	IF UHDER 1	YEAR DAYS	IF UHDER 24 HRS. HOURS MIN.	7. DATE OF (Month, De	ly, Year)	)Δ	Countr	IPLACE (State or Foreign y) MD	
		9a. FACILITY NAME (If not institution, give street and number)			9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEA								
TOR	St. Mary	s Hospita	1		Le	ona	rdtown			St	. Ma	ry's	
DIRECTOR	10a. STATE 10b. COUNTY	ARY'S CO.			Y, TOWN OR ONARD					10d, INSIDE CITY LIMITS? 1 ☐ YES 2 ∑\( `NO			
	100. STREET AND NUMBER RT. 1, BOX 36				101. ZIP CODE 20650					10g. CITIZEN OF WHAT COUNTRY? U.S.A.			
BY FUNERAL	11. MARITAL STATUS 1 [X] Never Married 2 [ Married 3 [ Widowed 4 [ Divorced	IL STATUS  12. WAS DECEDENT EVER IN U.S. AF FORCES? 1 YES 2 1  IF YES. GIVE WAR OR DATES			13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Ye if yes, specify Cuban, Maxican, Puerto Rican, etc.)  1  YES 2 NO Specify:					or No 14. RACE — American Indian, Black, White, etc. Specify:BLACK			
COMPLETED	15. DECEDENT'S EDU(Specify only highest grade Elementary/Secondary (0-12) 5TH. GRADE	CATION completed)  College (1-4 or 5+)	(GI	Do NOT us	ECENT'S USUAL OCCUPATION Is kind of work done during most of working to NOT use retired.)  TR  TARM								
BE CON	17. FATHER'S NAME (First, Middle, Lest)  JIM SEWELLI						18. MOTHER'S NA MAMI	AME (First, Midd E YATE		Surname)			
TO B	19a. INFORMANT'S NAME (Type/Print) AUBREY MATTINGLY						nd Number or Rural LEONAF						
	I □ Burial 2 ☑ Cremation 3 □ Ramoval from State other pl			ice)						CATION — City or Town, State  INTON , MD .			
	21. SIGNATURE OF FUNERAL SERVICE LICENSSE				MZ	LTT		ARDINE			ERAL HOME, P.A. WN, MD. 20650		
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart fellure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  a. Very lack of the property of the part of the pa												
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  b. Elec to uncleanced Juneau							eth					
PHYSICIAN: MEDICAL CI	PART II. Other algorificant condition		and the same of	_					e. WAS AN PERFOR	MED?	248	. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2  NO	
IAN	25. WAS CASE REFERRED TO MEDICAL					26. PL	ACE OF OEATH (C)	heck only one)					
YSIC	EXAMINER?  1 YES 2 ANO	HOSPITAL:		_		ing Hom	e 5 🗆 Residence						
ВУ РН	27. MANNER OF DEATH  1 Letter 1 Pending 2 Accident Investigation	28a. DATE OF I (Month, Day		28b. TIA	URY M		URY AT RK? (ES 2 NO	28d. DEŞCR	IBE HOW II	NJURY O	CURED		
	3 Suicide 6 Could not be determined	28a. PLACE OF building, a	INJURY — At ho tc. (Specify)	me, farm,	street, facto	ry, offici	1	281. LOCATI City or 1	ON (Street a fown, State)	and Numbe	or or Rural	Route Number,	
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSI 2 MEDICAL EXAMINE											s) and menner as stated.	
	296 STONATURE AND TITLE OF CERTIFIE	R	0				29c. LICENSE NU	MBER		29d. OA	TE SIGNE	O (Month, Day, Year)	
TO BE	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUS	E OF DEATH (ITE	M_27) Type	, Print)		DO1.	380		<b>&gt;</b> 3	3-30	0-90	
		John 1	F. Fenw	ick,	A Milit	Lec	onardtow	n, Md.	206	50			
	31. DATE FILEO (Month, Day, Year)  APR 0 2 '90	32. REGISTRAF	andson-M										
	AFR UZ 9U	- Guliant	and about -									DHMH-16 Rev 1/89	

The design of the property

attended produce and beautiful and agree young the

•	FOR STATE	STATE OF		D / DEPARTMENT		D MENTAL	HYGIENE
	REGISTRAR			CERTIFICATE	OF DEATH		REG. NO.
Q	ECEDENT'S NAME (First, Middle, Last)	DATIT THE	ECTED	CMARTEIOOD	Λ	2. DATE C	OF OEATH

1 - STATE REGISTRAR	C C	ERTIF	CATE O	DEATH	MENIA	REG. NO.	_			
1. DECEDENT'S NAME (First, Middle, Last) PAL	LINE ESTER	SMALLA	100p	Q	2. DATE	- /	Y	YEAR 90 3. TH	ME OF DEATH	
4. SOCIAL SECURITY NUMBER 6. SE			IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE	OF BIRTH	7	Country)	E (State or Foreign	
219-36-3538 10		O THO.	9b. CITY, TOWN	OR LOCATION OF O		-15-7		Wes +	VIRGI	
Colton Villa Nursi	ng Center		HA	6 ERST	0001	J	WA	sking	tow	
10e. STATE 10b. COUNTY Maryland Washin	gton	10c. CITY, TOWN OR LOCATION Hagerstown					10d. INS			
10e. STREET AND NUMBER				of. ZIP CODE		-	10g. CITI	ZEN OF WHAT	YES 2 NO	
55 East Washington	Street			21740				U.S.A	•	
1 Never Married 2 Married FO	ver Married 2 Married FORCES? 1 YES 2 NO If yes, specify Cuban,						or No-	14. RACE Ar Black, Whit Specify: Who	nerican indian, le, atc. Lte	
15. DECEDENT'S EDUCATION (Specify only highest grade complete Elementary/Secondary (0-12)  Colle	ed) ge (1-4 or 5+)	(Give kind of work done during most of working life. Do NOT use refired.) Homemaker				. KIND OF BUS		USTRY		
17. FATHER'S NAME (First, Middle, Last) UNKNOWN				18. MOTHER'S NA	UNK	NOWN				
Naomi M. Speaks				ust Stree					740	
20s. METHOD OF DISPOSITION  1 Deuriel 2 Cremetion 3 Removal fro 4 Donation 5 Other (Specify)	om Stata 20b. PLAC	E OF DISPOS		ometons commetons or	, 11	20c. LO	CATION —	City or Town, S	late	
21. SIGNATURE OF FUNERAL SERVICE LICENSEE  R. hoel f			Andr Andr	AND ADDRESS OF FA ew K. Coi . Antieta	fman	Funer	al Ho	own, Was	00.	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events.	DUE TO (OR AS A CONS  DUE TO (OR AS A CONS  DUE TO (OR AS A CONS	EQUENCE OF	<b>י</b> ):	1- Joy edidas	Cert	» 0	n'sea	-u	Onset and Dec	
PART II. Other eignificant conditions cont	ributing to death but not	t resulting I	in the underly	o underlying cause given in Part I.  24a. WAS AN AUTOPSY PERFORMED?  1 □ YES 2 NO					4b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26.	PLACE OF DEATH (C	heck only or	10)				
1 UYES 2 NO 1 I I I	PITAL: patient 2 ER/Outpatient			ome 5 🗆 Residence	6 🗆 Othe	er (Specify)				
27. MANNER OF DEATH  1 X Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	28b, TIM	URY	NJURY AT VORK? YES 2 NO	28d. DE:	CRIBE HOW	NJURY OC	CURED		
	Se. PLACE OF INJURY At building, etc. (Specify)	home, farm, s	street, factory, of	fice	26f. LOC City	ATION (Street or Town, State)	and Number	or Rural Route 1	lumber,	
29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To MEDICAL EXAMINER: On the	to the best of my knowledge,								manner as stated.	
29b. SIGNATURE AND TITLE OF CERTIFIER	res Cu.			29c. LICENSE NU		,		E SIGNED (Mont		
30. NAME AND ADDRESS OF PERSON WHO COMM	PLETED CAUSE OF DEATH (IT	10 - C	Print) DAK [+	il AVE	2. 6	1AGE	esto	Wr.	mo	
31. OATE FILED (Month, Day, Year)	A REGISTRAR'S SIGNATURE	indell								

,	arrer dearn, rage o may be retained by the nosp	y the funeral director, page 5 should be detached	noval.	cal examiner must be notified at once.	
	TO THE HOSPITAL OR AITENDING PHYSICIAN: The law requires that the deam certaincate be executed within 24 hours after deam, rage or may be retained by the hospi	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: It liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

	1 - STATE REGISTRAR		CERTIF	CATE (	OF DEATH	R	EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	ent H	Robert He	nry Sl	TOTLER	2. DATE OF C	DAY	YEAR ()	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH				URTH		HPLACE (State or Foreign	
	220-30-9514	1 M 2   F	56 YRS.		YS HOURS MIN.	(Month, Day	9/34	Ma 1	ryland	
	9a. FACILITY NAME (If not institution, give str	set and number)		9b. CITY, TO	WN OR LOCATION OF DI	EATH	9c. C	OUNTY OF C	DEATH	
DIRECTOR	Washington Count	y Hospital		Hage	erstown		Wa	ashin	gton	
RE(	10a. STATE 10b. COUNTY		10c. CITY	Y, TOWN OR L	OCATION				10d. INSIDE CITY LIMITS?	
	Maryland Wash	ington	H	lagers	town				1 X YES 2 NO	
FUNERAL	10e. STREET AND NUMBER				10f. ZIP CODE 21740		10g. (	USA	WHAT COUNTRY?	
ž	11. MARITAL STATUS	12. WAS DECEDENT EVER		13. WAS	DECENDENT OF HISPAI	NIC ORIGIN? (S	pecify Yea or No-	- 14, RAC	E — American Indian,	
BY FI	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 X YES		If yo	YES 2 NO Specific	n, Puerto Rican y:	i, atc.)	Spec	k, White, atc.	
	15. DECEDENT'S EDUC	ATION	16a. DECEDENT'S	USUAL OCCU	PATION	16b. KIN	O OF BUSINESS/			
COMPLETED	(Specify only highest grade of	completed)	(Give kind of v	vork done durir	ng most of working					
7	Elementary/Secondary (0-12)	College (1-4 or 5+)	custo	dial a	engineer	0.01	inty sch	2001 1	acard	
M	17. FATHER'S NAME (First, Middle, Last)		Custo	ulal (	18. MOTHER'S NA				Doard	
ၓ							e, maiden Someth	"		
BE	Lloyd H. Stotler		40, 11411-11	4000000	Creola		M F A	70.0.11		
6		0.75			reet and Number or Rural				1740	
_	Beverly E. Stotl				reet, Hage	rstown,				
	20a. METHOD OF DISPOSITION  1X Burial 2 Cremation 3 Remo  4 Donation 5 Other (Specify)	rval from State	other place)					ocation - chy or Town, State gerstown, Maryland		
	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE	•		ME AND ADDRESS OF FA					
	1 STAX	Mina	11.1		NNICH FUNE				n, Md. 21740	
	23. PART I. Enter the diseeses, or co	amplications that caus	ad the death. Do a		··				Approximate	
	shock, or heart feliure. I			0	Men		оттеоришенту		Interval Between Onset and Death	
DICAL CERTIFICATION	Sequentielly list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):									
0	PART II. Other aignificant conditions	a contributing to death	but not resulting	in the unde	rlying cause given in	Part I. 24	. WAS AN AUTOP	SY 24	b. WERE AUTOPSY FINDINGS	
PHYSICIAN: MEDICA						1	PERFORMED?  YES 2 NO		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
AN	25. WAS CASE REFERRED TO MEDICAL				26. PLACE OF DEATH (C)	heck only one)				
2	EXAMINER?	HOSPITAL:	doctions 2 DOA	OTHER:	Home & Problems	a C Other (C)	and the			
4€	27. MANNER OF DEATH	26s. DATE OF INJURY	•		Home 5 Residence	Y	BE HOW INJURY	OCCUBED		
BY P	1 Natural 5 Pending	(Month, Day, Year)	) IN.	JURY	WORK?	200. 02.0011	DE HOW MOON	00001120		
	2 Accident Investigation 3 Suicide 8 Could not be determined	28e. PLACE OF INJUI building, atc. (Sc		street, factory	, office	281. LOCATION (Street and Number or Rural Route Number, City or Town, Stete)				
COMPLETED	(Critick only	CIAN: To the best of my kno							(a) and manner as stated.	
EC	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NU	MBER	29d.	DATE SIGNE	D (Month, Day, Year)	
0	Charle & Lle	es IND.			100 4	1975	•	4-2	-90.	
5	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUSE OF (	DEATH (ITEM 27) (Type	Print)	md.	21783	3			
	Charles F. Hes	32. REGISTRAR'S SK	SNATURE SNATURE	0/10/5	3		-			
	APR 4 JU	yune x	vavidson-yar	dell						

STATE OF MARYLAND	/ DEPARTMENT	OF HEALTH	AND MENTAL	HYGIENE
	ERTIFICATE	OF DEAT	Н	REG. NO.

	1 - FOR STATE OF MARYLAND STATE OF MARYLAND	/ DEPAR					ENTAL HYGIENI REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Lost) Mabel Pauli: Pauline - NMN Boehm Spitznas	ne SP	ITZNA	S			2. DATE OF DEATH BA		YEAR	6:45AM M
-	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs.	lest birthday)	IF UNDER		IF UNDER	24 HRS.	7. DATE OF BIRTH		6. BIRTHPL Country)	ACE (State or Foreign
	234-01-9744 1□M2対F 83	YRS.	MONTHS	DAY8	HOURS	MIN.	(Morth, Day, Your) Aug. 15, 19(	06 1	Vest	Virginia
	9a. FACILITY NAME (If not institution, give street and number)		9b. CITY,	TOWN 0	A LOCATIO	ON OF DEA	тн	9c. COUN	TY OF DEA	TH
OR	Homewood Retirement Center		Wil	lian	spor	t		Wash:	ingto	n
5	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY	I in an	Y, TOWN O		41.					
DIRECTOR	Maryland Washington									Od. INSIDE CITY LIMITS?
	Mary Land Washington	W.	illia		ZIP CODE					YES 2 NO
FUNERAL	Homewood Retirement Ceneter									AT COUNTRY?
M		4 D14F0	100		.795			USA		
ВУ	11. MARITAL STATUS  1 Never Merried 2 Married  3 Widowed 4 Divorced  12. WAS DECEOENT EVER IN U.S., FORCES? 1 YES 2 FORCES? 1 YES 2 FORCES?		1 1	f yes, sp	cify Cuba		C ORIGIN? (Specify Yes Puarto Rican, etc.)	or No—	14. RACE - Bleck, \ Specify: Whit	- American Indian, Whita, etc.
ED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	DECEDENT'S	USUAL O	CCUPATIO	N I of workin	-	16b. KIND OF BUS	INESS/INDU	JSTRY	
H	Elamentary/Secondary (0-12)   College (1-4 or 5+)	(Give kind of life. Do NOT u								
MP	unknown I	payro	ll de	part	ment		aircraí	t		
COMPLETED	17. FATHER'B NAME (First, Middle, Last)						E (First, Middle, Maiden	Sumame)		
BE (	Samuel N. Boehm						. Wilger			
TO							oute Number, City or Town			
-						_	Hagerstov			
	26s. METHOD OF DISPOSITION   20b. PLAC other   1\times   Burial 2   Cremation 3   Removal from State   20ther (Specify)   ROS	plece) Sedale	e Cem	me of cen	petery, crem	natory or		cation — c		W.Va.
- 3	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	~	22.	NAME AN	D ADDRES	SS OF FACI	ILITY			
	· Scott Mim	no					AL HOME Blvd.,Ha	~ ~ ** ~ #	orm l	44 23740
* *	23. PART I. Enter the diseases, or complications that caused the									Approximate
	shock, or heert fellure. List only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)  a.									
CERTIFICATION	Sequentisily list conditions, If any, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in desth) LAST									
	PART II. Other significant conditions contributing to death but no	t resulting	In the up	derlying	cause (	given in P	Part I. 24s. WAS AN			VERE AUTOPSY FINDINGS
N: MEDICAL	Chance Avid Goldana	L'E	reli	the	100	elis	PERFOR		8	MALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		ОТНЫ		ACE OF D	EATH (Chec	ck only one)			
ΥS	1 PES 2 NO 1 Inpatient 2 ER/Outpetient	-					Other (Specify)			
ву Рн	27. MANNEB OF DEATH  1 Netural 5 Pending 2 Accident Investigation		JURY M	1 🗆 '	RK7 YES 2		28d. DEŞCRIBE HOW I	NJURY OCC	URED	
0	3 Suicide 6 Could not be 4 Homicide determined	home, farm,	street, taci	lory, offic	•		28t. LOCATION (Street in City or Town, State)	and Number	or Rural Ro	ute Number,
COMPLET	29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, one)  2 MEDICAL EXAMINER: On the basis of examination and/									and manner as stated.
TO BE	200. SIGNAPHER AND TITLES CERTIFIER	ml	>		D Z	ENSE NUMI	F06	29d. DATE	SIGNED S	Monthy Day, Year)
F	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (I	06	e, Print)	(1)	An	e 1	Yegers X	aun	m	521740
	APR 4 90 Julia Javidson Rando									

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1		-	FOR STATE REGISTR	AR
1	1	0	ECEDENT'S	MA

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFIC		DEATH	F	REG. NO.	_	
1. DECEDENT'S NAME (First, Middle, Last)	Neva Bent Shank				2. OATE OF MONTH	. DAY	90 YEAR	3. TIME OF OEATN  5:30 PM
4. SOCIAL SECURITY NUMBER 172-05-5429	5. SEX 6. AGE		F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, Day May 2	<del>витн</del> ay, Year) 7, 1919	Coun	NPLACE (State or Foreign try) raska
9a. FACILITY NAME (If not institution, give at Washington County		9		OR LOCATION OF DE	ATH		JAShi	
RESIDENCE OF DECEDENT								~
	10c. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIGE CITY LIMITS?  Maryland Washington Hagerstown 10d. INSIGE CITY LIMITS?							
	IIIIgtoii	па						1 YES 2 NO
100. STREET AND NUMBER 101. ZIP CODE 109. CITIZEN OF WHAT COUNTRY? 21740 U.S.A.								A CONTRACTOR OF THE PROPERTY O
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Otvorced	1 Never Married 2 ☑ Married FORCES? 1 ☐ YES 2 ☑ NO If yes, specify Cuban, Maxican, Puarto Rican, etc.)  Black, White, alc.  IF YES, GIVE WAR OR DATES  1 ☐ YES 2 ☑ NO Specify: Specify						ck, White, elc.	
15. DECEDENT'S EDU (Specify only highest grade	CATION COMPRISED	18a. DECEDENT'S US (Give kind of work	UAL OCCUPAT	ION	16b. KI	ND OF BUSINES	S/INDUSTRY	
Elementary/Secondary (0-12) 0-12	College (1-4 or 5+)	sales	etired.)	ost or working	re	tail fu	rnitu	re
17. FATHER'S NAME (First, Middle, Last)				18. MOTNER'S NA	ME (First, Midd	dle, Maiden Sumai	me)	=
James Luthern	Bent			1	May Pl	att		
19a. INFORMANT'S NAME (Type/Print)				and Number or Rural				
Mr. Roy D. Shanno	on	1110 S	herman	Avenue,	Hager	stown,	Maryl	and 21740
20s. METHOD OF DISPOSITION 1 🖾 Mouriel 2 🗆 Cremation 3 🗆 Ram 4 🗆 Donation 8 🗔 Other (Specify)	oval from State	b. PLACE OF DISPOSITI other place) Rest Haven				Hage1		own, State , Maryland
21. SIGNATURE OF FUNERAL SERVICE LIC	ENSER		22. NAME /	AND AODRESS OF FA	силту Мі	nnich I	Tunera	1 Home
Scitt	Brime	K						wn, MD 21740
23. PART I. Enter the disease, or shock, or heart fellure.  IMMEDIATE CAUSE (Finel disease or condition	List only one cause on e	d the deeth. Do not each line.					y errest,	Approximete Interval Between Onset and Death
resulting in deeth)	OUE TO (OR AS	A CONSEQUENCE OF):	a 0	- van	CVE	<u>~</u>		1
Sequentielly liet conditione, if any, leeding to immediate cause. Enter UNDERLYING	OUE TO (OR AS	A CONSEQUENCE OF):						
CAUSE (Discess or Injury that Initiated events resulting in deeth) LAST	OUE TO (OR AS	A CONSEQUENCE OF):			-			
	0							
PART II. Other eignificent condition	e contributing to deeth i	but not resulting in	the underlyl	ng ceuse given in		PERFORMED?		b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
								t YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPUML:	1 2		PLACE OF DEATN (C)	neck only one)			
1 TES 2 NO	1 prostlent 2 ER/Out	petlent 3 DOA 4	OTHER:	me 5 🗆 Realdence	8 Other (S	Specify)		
27. MANNER OF DEATH  1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME (	TY W	JURY AT YORK? YES 2 NO	28d. OESCR	RIBE NOW INJUR	Y OCCURED	
2 Accident 3 Suicide 8 Could not be determined 28a. PLACE OF INJURY — All home, farm, street, factory, office building, atc. (Specify)  28a. PLACE OF INJURY — All home, farm, street, factory, office City or Town, State)  28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)								
(Oraca oray	ICIAN: To the best of my know							(a) and menner ea stated.
29b. SIQNATURE AND TITLE OF CENTIFIE	/	ms	_	29c. LICENSE NU				(Month, Day, Year)
30. NAME AND ADDRESS OF PERSON MY	O COMPLETEO CAUSE OF DI	EATN (ITEM 27) (Type, P		V1113	1./	122	/ 1/30	4/2/01/0
31. DATE FILED (Month, Dey, Year)	32. REGISTRAR'S SIGI	NATURE Handeld		aly Ave	1700	gersie	ur /	14 2190
APK 4 JU	June will	10001-Nauloren						

TO BE COMPLETED BY FUNERAL DIRECTOR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR				CERTIF	ICATE	OF	DEATH		REG. NO	Э.				
1. DECEDENT'S NAME (First	, Middle, Last)							2. DATI	E OF DEATH	DAY	YEAR	3. TIME O	F DEATH	
MARIE EST	THER S'	<b>TEVENS</b>						APR		6,		9:00	) pm	M
4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE (In y	s. lest birthday)	IF UNDER		IF UNDER 24 HRS.	7. DATE	th, Day, Year)		8. BIRTI	HPLACE (Sta	te or Foreign	
219440183		1 🗆 M 2 💢 F		91 YRS.	MONTHS	DAYS	HOURS MIN.		-1898			<i>"</i>		
9a. FACILITY NAME (If not in	stitution, give s	treet and number)			96. CITY	TOWN C	R LOCATION OF D	EATH		9c. CO	UNTY OF	EATH	Hd	
SACRED HI		OSPITAL			CUN	BER	LAND, MA	RYLA	ND	A	LLEG	ANY		
10a. STATE	10b. COUNTY			10c. CIT	Y, TOWN C	R LOCAT	ION					tod. INSID		
MD	A.	llegany			(	Cumi	berland	1					2   NO	
10e. STREET AND NUMBER						101	. ZIP CODE			10g. Cf	TIZEN OF	WHAT COUN	TRY?	
220 SOI	mervi	11e Ave		o a puero	1 40		21502 ENDENT OF HISPA	NIO ODIO	NO 200 14- W		US		141	
1 Never Married 2	Married	FORCES? 1	YES 2	NO	1	If yes, sp	ecify Cuban, Maxica	an, Puerto		es or No-	Blac	E — America k, Whita, atc	in Indian,	
3 Widowed 4 Divo	orced	IF YES, GIVE V	MR OR DATE	5		t [] YES	2 NO Specif	fy:			Spec	-		
15. DEC	EDENT'S EDU	CATION	16	a. DECEDENT'S	USUAL O	CCUPATIO	ON	16	b. KIND OF B	USINESS/IN	OUSTRY	W	hite	
(Specify online Elementary/Secondary (Control of the Control of th	y highest grade	completed) College (1-4 or 5		(Give kind of life. Do NOT u	work done ( se retired.)	during mo	st of working							
1.2	<i>j-12)</i>	College (1-4 Of 5	"											
17. FATHER'S NAME (First, M	fiddle, Last)			accou	ıntaı	nt-	18. MOTHER'S NA	AME (First.	Middle, Maide	n Surname)	<del>d</del>			
							20,000			,				
19a, INFORMANT'S NAME (				19b. MAILING	S ADDRESS	S (Street a	nd Number or Rural	Poute Nur	nher City for In	WD State 2	(in Code)			_
	,,				a nooneo	100001	Trusted of Flores	TROUIS THE	nibor, only or re	wiii, Oldio, a	Sp 0000)			
Mr. John 1		<del>evens </del>	205 81	Rout	e 4	- B	netery, crematory of	Pi	ttpby	SEAFON -	PA	160	59	_
1 Burial 2 Crematic	on 3 Rem	oval from State	oti	her place)	SITION (NO	ine or cer	notery, crematory or		200.	COAHON -	- City of It	Juli, State		
21, SIGNATURE OF FUNERA		PENCEE	- ISt.	Mary	SIC	eme	ADDRESS OF FA	ACII ITY	$-$ Le $_{t}$	mbe	lan	d, M	D	_
	C OLIVIOL LI			11		Sca	arpelli	Fu				•		
Jan	00	7 XIC	Cun	elli			perland							
23. PART I. Enter the d					not sntsr	the mo	ds of dying, suc	ch as ca	rdisc or res	piratory a	rrest,		roximata	
IMMEDIATE CAUSE (Fil		Liet only one cer	ise on eecr			1	1				_	One	rval Between and De	
diseese or condition	<b>→</b>	ACIA.	60	m 101	C411	150	I wi	kan-	2 013	1 6	2004	/		
resulting in death)	,	DUE TO	(OR AS A CO	INSEQUENCE C	OF):		I win	1	VV.	V C	200,			
							la	WKi	ne.			ļ		
Sequentially list condit if eny, iseding to imms		DUE TO	(OR AS A CO	NSEQUENCE O	OF):	,	0							
cause. Enter UNDERLY	ING	· a	evel)	01	60	10	20(17.							
CAUSE (Disease or injution that initiated events	Jry .	DUE TO	(OR AS A CO	NSEQUENCE C	OF):		3-1							
resulting in death) LAS	ST	d. (	acl	exc	a									
														_
PART il. Other eignifica	ent condition	s contributing to	death but	not resulting	In the Ur	ndsriyin	g cause given in	n Part I.		ORMED?	Y 241		PRIOR TO	
	OX	a a	40	•					1 TYES	2 2 100		OF DEATH	ON OF CAUSI ?	E
			<i></i>			_						1 🗌 YES	2 🗌 NO	
25. WAS CASE REFERRED 1 EXAMINER?	O MEDICAL	HOSPITAL:					LACE OF DEATH (C	heck only	one)					_
1 TYES 2 THE		1 Destint 2	☐ ER/Outpatie	ent 3 🗆 DOA	4 Nur		ne 5 🗆 Rasidenca	8 🗆 Ott	ner (Specify)					
27, MANNER OF DEATH	Same.	28a. DATE Of (Month, I		28b, TII	ME OF	28c. IN.	JURY AT	28d. O	EȘCRIBE HOW	INJURY O	CCUREO			
	Pending Investigation	(11121111)			М		YES 2 NO							
2 Accident 3 Suicide	Could not be	28a. PLACE C	OF INJURY —	At home, farm,	street, fac	tory, offic	:a		CATION (Stree		per or Rural	Route Numb	91,	
4 Homicide	determined	bunding	etc. (apecily)						y or Town, Sta	10)				
29a. CERTIFIER	TIEVING BUYE	ICIAN: To the best o	I mu knowlod	n doeth conve	med at the t	the endet	and bloom and die	a to the o	our -(a) and m		tota d			-
ann)		R: On the basis of a										(a) and many	tor so eleter	
					on, or my	-prinori, 6			and prece,					
296. SIGNATURE AND TITLE	E OF CERTIFIE	R ()		12			29c. LICENSE NU	MBER	1.	29d. D	ATE SIGNE	D (Month, De	ly, Year)	
COLU		retil	LUL	7			0-1	1) (	-6		4- 4	1-41	/	
30. NAME AND ADDRESS O					-	MDEI	DIAND M	ר ת	1502					
УОНИ МЕНА	MINA, M				E CU	ridEl	LAND, M	υ <b>.</b> ∠	1707					
APR MINOS	330	32/REGISTR	Horrison 10	All the										

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	FOR 1 - STATE REGISTRAR	STATE OF MARY		RTMENT OF		MENTAL HYGIEN			
0.000	1. DECEDENT'S NAME (First, Middle, Last) ARTHUR	WINF	IELD	SM	ТТН	2. DATE OF DEATH BONTH BArch	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 215340074		E (In yrs. last birthday) 93 YRS.	t birthday) IF UNDER 1 YEAR IF UN		7. DATE OF BIRTH (Month, Day, Year) MAY 23	C	HRTHPLACE (State or Foreign country)	
OR	9a. FACILITY NAME (If not institution, give st UNTON_HOSPITAL			96. CITY, TOWN	OR LOCATION OF DI	EATH	9c. COUNTY		
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY		10c. CIT	TY, TOWN OR LOCA	ATION			10d. INSIDE CITY LIMITS?	
	MARYTAND CEC	IT.	F	RISING S	OI. ZIP CODE		10g. CITIZEN	1 YEX 2 NO OF WHAT COUNTRY?	
BY FUNERAL	364 BTCCS FITCHW  11. MARITAL STATUS  1 Never Merried 2 Merried  3 Wigowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 _ YE IF YES, GIVE WAR OR	S 2 NO Y	If yes, a		NIC ORIGIN? (Specify Yearn, Puerto Rican, etc.)		RACE — American Indian, Black, White, etc. Specify:	
COMPLETED	ts. DECEDENT'S EDUC (Specify only nightest grade Elementary/Secondary (9-12)			B USUAL OCCUPAT work done during in see retired.)		16b. KIND OF BU	SINESS/INDUST	The second secon	
OMP	UNKNOWN 17. FATHER'S NAME (First, Allowin, Last)		FARME	ER .	18. MOTHER'S NA	FARM  ME (First, Middle, Maider			
BE C	WINFIELD SCOTT	SMITH			INCOME.	I MILLER			
10 8	18s. INFORMANT'S NAME (Type/Print)					Route Number, City or Tox			
	ROBERT G. MACD		364 20b. PLACE OF DISPO				CATION — CHY	TAND 21911 or Town, State	
	21. BIGHATURE OF FUNERAL SERVICE LIC	omplications that saus	Bed the dasth. Do	R. 11	1 S. OUE	CUNERAL HOEN, RISING	OME SUN. M	Interval Between	
	iMMEDIATE CAUSE (Final disease or condition resulting in death)	DUE TO (OR A	S A CONSEQUENCE	IFARCT	701			Onset and Death	
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR A	S A CONSEQUENCE (	DF):					
CERTIFICATION	CAUSE (Disease or injury that initiated events reaulting in death) LAST	DUE TO (OR A	S A CONSEQUENCE (	OF):					
PHYSICIAN: MEDICAL C	PART II. Other significant condition	a contributing to deat	n but not resulting	in the underlyi	ng cause given in		RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	PLACE OF DEATH (C				
	1 Ves 2 No  27. MANNER OF DEATH  1 Netural 5 Pending	28a. DATE OF INJUR (Month, Day, Yea	7Y 28b, TI	ME OF 28c. II	NJURY AT VORK?  YES 2 NO	28d. DE\$CRIBE HOW INJURY OCCURED			
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined	2 Accident Investigation 3 Suicide 6 Could not be 28e. PLACE OF INJURY — At houlding, etc. (Specify)					. LOCATION (Street and Number or Rural Route Number, City or Town, State)		
COMPLETED	anal and	CIAN: To the best of my kr						use(a) and menner as stated.	
BE	29b. SIGNATURE AND TITLE OF CERTIFIE	2			29c. LICENSE NU D 323		N	GNED (Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WH	COMPLETED CAUSE OF	DEATH (ITEM 27) (Tyr	e Print)				- 1200 C	

Bridge Street, Elkton.

DHMH-16 Rev 1/89

Finucan, Jr

gichie Savidson-Randolle

Thomas E.

31. DATE FILED (Month, Day, Year)

MAR 28



13146, BALTIMORE, MARYLAND 21203-3	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 imay the materined by the hospital or attend	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director; page 5 should be detached for use as 1 be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at ence.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	certificate be	ding physician tygiene prior t	r other trau
RDS, P.	at the death	by the atten	ny injury, or
RECOF	w requires th	been signed pt. of Health	3 shows an
VITAL	ICIAN: The la	ertificate has the State De	or item 2
ON OF	DING PHYS	After this c	marked,
DIVISIO	OR ATTENC	DIRECTOR:	tem 28 is
ם	TO THE HOSPITAL	TO THE FUNERAL I	IMPORTANT: If I

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR		CERTIFIC	CATE O	F DEATH		REG. NO.				
1. DECEDENT'S NAME (First, Middle, Last)		F			2. DATE	OF DEATH		YEAR	3. TIME OF DEATH	
EDWARD PAUL SH	ERLOCK, S	R.				ch 31		990		м
The state of the s	SEX 6. AGE (		IF UNDER 1 YEA		7. DATE (	OF BIRTH , Day, Year)		8. BIRTH Count	HPLACE (State or Foreign	1
220-05-2350	M 2 □ F 7	O YRS.	IONTHS DAY	B HOURS MIN.			919		vland	
9a. FACILITY NAME (If not institution, give street	and number)	5	9b. CITY, TOW	N OR LOCATION OF D				NTY OF D		
1006 President	Street		An	napolis			A	nne	Arundel	
10a. STATE 10b. COUNTY		10c. CITY,	TOWN OR LO	CATION					10d. INSIDE CITY	
Maryland Anne	Arundel		Annap	olis					LIMITS?	
10e. STREET AND NUMBER	and and ex		Milla	101. ZIP CODE			10g. CIT	TIZEN OF V	WHAT COUNTRY?	
1006 President	Street			214	0.3		U	.S.A		
11. MARITAL STATUS 12	P. WAS DECEDENT EVER IN FORCES? 1 X YES	N U.S. ARMED		DECENDENT OF HISPA apacity_Cuban, Mexic	UNIC ORIGIN			14, RAC	E — American Indian, k, White, etc.	
1 Never Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA			YES 2 NO Speci		incani, onc.)		Spec	elly:	
15. DECEDENT'S EDUCATION	WWII	16a. DECEDENT'S U	ellal occup	ATION	1 405	KIND OF BUS	INFOC/IN	Whi	te	
(Specify only highest grade con	npleted)	(Give kind of wo	ork done during	most of working	100.	KIND OF BUS	INESS/IN	DUSTRY		Ì
Elementary/Secondary (0-12)	College (1-4 or 5+)	Daint	0.77			Нана	o D	41 =+	3 5 6	
17. FATHER'S NAME (First, Middle, Last)		Paint	C 1	16. MOTHER'S N	AME (First. A	Hous		all [	LIIK	
Thomas E. Sher	lock					е Мау	100			
19a. INFORMANT'S NAME (Type/Print)	1. OCK	19b. MAILING A	ADDRESS (Stre	et and Number or Rural				ip Code)	21401	
Edward Paul Sh	erlock. J			epy Hol						
METHOD OF DISPOSITION Burial 2 Cremation 3 Removal		. PLACE OF DISPOSIT		cemetery, crematory or					own, State	
4 Donation 5 Other (Specify)	1 from State	ryland	Vete	ran Cem	eter	y Cr	own	svil	le. MD	
21. SIGNATURE OF FUNERAL SERVICE LIDEN	SEE / /		22. NAME	lor Fun	ACILITY	Chan	- 7		21401	
mala X-	In TIS			Glouce				2207		
23. PART I. Entar tha diseasea, or com	nolications that cause	d the death. Do no							Approximate	
shock, or heart failure. List IMMEDIATE CAUSE (Final disease or condition resulting in desth)  Sequentially list conditions, if any, lasding to immadiata	MAJOUR TO JOHN AS A	A CONSEQUENCE OF:	Cero	anti	n]				Interval Betwoonset and Do	
cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in daeth) LAST		A CONSEQUENCE OF):								
PART II. Other significant conditions of	entributing deeth b	lini	the underf	ying cause given i	n Part I.	24e. WAS AN PERFOR 1 YES 2	MED?	241	b. WERE AUTOPSY FINDI AMILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  1 YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSDITAL:			S. PLACE OF DEATH (C	Check only or	10)				
1 🗆 YES 2 🚉 NO 1	OSPITAL:		OTHER: 4   Nursing i	Home 5 Besidence	a 🗆 Othe	er (Specify)				
27. MANNER OF DEATH  1 1 Ponding	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	IRY	INJURY AT WORK?	28d. DES	SCRIBE HOW I	NJURY O	CCURED		
1 Netural 5 Pending 2 Accident Investigation				YES 2 NO	-					
3 Suicide 8 Could not be 4 Homicide determined	building, etc. (Spe	r — Al home, farm, str clfy)	reet, factory, (	office		ATION (Street or Town, State)		er or Rural	Route Number,	
29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIA 2 MEDICAL EXAMINER:	N: To the best of my know								(a) and manner as state	ıd.
29b. SIGNATURE AND TITLE OF CANAIFIER 30. NAME AND ADDRESS OF PERSON WIND OF	COMPLETED CAMES OF DI	ATHUN STY (TOPO,	1M)	29c. LICENSE N	UMBER 167		29d. DA	TE SIGNE	(Month, Day, Year)	
William C. Wei	ntraub, M	i.D. 25		Riva Ro	ad,	Annap	oli	s,MI	D 21401	
APR 2 1990	62 REGISTRAR'S SIGN	- pandelle								

DHMH-16 Rev 1/89

203-3146

BALTIMORE, MARY

FOR STATE REGISTRAR

DIVISION OF VITAL RECORDS, P.O. BOX 13146,	BALLIMORE, MAH
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained	n. Page 6 may be retain
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 shaws be filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	ral director, page 5 show
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified	liner must be notifie

1 1	1. DECEDENT'S NAME (First,								2. DATE OF DEAT	DAY	YEAR	3. TIME OF DEATH
	Edward Jo	seph	Sienki!	lewski_	Sr.				03-27	-90		M
	4. SOCIAL SECURITY NUMBER	ER	5. SEX	6. AGE (In yrs. les	st birthday)	IF UNDER ! Y	$\rightarrow$	IF UNDER 24 HRS.	7. DATE OF BIRTS (Month, Day, Ye		6. BIRTH Country	PLACE (State or Foreign
	216-09-07	YRS.	MONTHS D	MYS	HOURS MIN.	07-03-			yland			
	9a. FACILITY NAME (If not ins		reet and number)			9b. CFTY, TO	OWN OR	LOCATION OF DE			INTY OF D	
Œ										7 2	20 7	rundel
유	RESIDENCE OF DEC					CIC	) W I I S	SATITE		MII	ne A	runder
Ĕ.	10a. STATE	10b. COUNTY			10c. CIT	Y, TOWN OR	LOCATIO	ON				10d. INSIDE CITY LIMITS?
1037 Park Road   Crownsville   An   RESIDENCE OF DECEDENT   10a. STATE   10b. COUNTY   10c. CTTV, TOWN OR LOCATION   MD   Anne Arundel   Crownsville   10d. STREET AND NUMBER   10d. STREET AND NU												1 YES 2 NO
									TIZEN OF W	HAT COUNTRY?		
FUNERAL	1037 Park	Road						21032		11	SA	
Š	11. MARITAL STATUS		12. WAS DECEOEN					NDENT OF HISPAN	IIC ORIGIN? (Speci	y Yes or No-	14. RACE	— American Indian,
	1 Never Married 2 🖹		FORCES? 1	YES 2 1	NO			city Cuban, Mexica 2 (2X NO Specifi	n, Puerto Rican, et	L)	Speci	t, White, etc.
ВУ	3 Widowed 4 Divor	rced										White
ETED	15. DECI (Specify only	EDENT'S EDUC	ATION completed)	16a. Df	ECEDENT'S	USUAL OCC	UPATION	n et working	18b. KIND O	F BUSINESS/IN	DUSTRY	
Įų.	Elementary/Secondary (0-	1	College (1-4 or 5 i	+) life	. Do NOT us	work done dur se retired.)					_	- 1
COMPL	8			Е	llect	rici	an		EI	ectri	cal	
R	17. FATHER'S NAME (First, Mi								ME (First, Middle, M			
BE (	Gustav Sie	enkile	ewskı					Stell	a Jabu	kska		
	19a. INFORMANT'S NAME (7)	ype/Print)		19	b. MAILING	ADDRESS (S	Street an	d Number or Rural I	Route Number, City	or Town, State, 2	ip Code)	
유	Mary A. S	ienki	lewski	1	1037	Park	Ro	oad, Cr	cownsvi	lle,	MD 2	1032
	20a. METHOD OF DISPOSITE 1 ₩ Burial 2 ☐ Cremetio		wel from State	20b. PLACE other pi		SITION (Name	of come	stery, crematory or	20	c. LOCATION -	- City or To	wn, State
	4 Donation 5 Other	(Specify) _				of t	he	Fields	cem.	Mill	ersv	ille, MD
	21. SIGNATURE OF FUNERAL	L SERVICE LICE	ENSEE ///	()				ADDRESS OF FA		D	70.	
	* Dats	11/6	2111						neral H			1 - 110
	23. PART I. Enter the di	lacases or c	omnileations the	t caused the d	eath Do r				s Road			Approximate
			List only one cau					. 4	)	.copcory		Interval Between
	IMMEDIATE CAUSE (Fin disease or condition	nai	/	A 11		4	17	Al- 1)				Onset and Death
	resulting in death)	<b>→</b> a	Mellen	OF AS A CONSE	60	el (	RX	wen	NC			
			DUE 10	OH AS A CONSE	dience o	BODO		n and a	+1	•		
8 0	Sequentially list conditi		OUE TO	ORIAS A CONSE	QUENCE O	UCC	_0	avuy	Lucu	w		
F	if any, leading to immed cause. Enter UNDERLYI			(alfa v course		• ,-		U				i
유	CAUSE (Disease or inju		DUE TO	(OR AS A CONSE	QUENCE O	F):						<del></del>
	resulting in death) LAS	CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):										
IĒI		T .	V									
CERTII		-	1									
AL CERTIFICATION	PART II. Other significa	-	contributing to	death but not	resulting	in the unde	orlying	cause given in		AS AN AUTOPS	246	. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
	PART II. Other significa	-	contributing to	death but ribt	resulting	in the unde	orlying 2,	cause given in	PI	AS AN AUTOPS'	246	AVAILABLE PRIOR TO COMPLETION OF CAUSE
EDICAL	PART II. Other significa	-	contributing to	death but not	resulting Lee	in the unde	erlying 2	cause given in	PI	RFORMED?	7 24b	AVAILABLE PRIOR TO
: MEDICAL	PART II. Other significa	-	Neo.	t Duc	tu	in the under	erlying 2.	cause given in	PI	RFORMED?	7 24b	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
: MEDICAL	25. WAS CASE REFERRED TO	ant ophditions	Neo.	to death but not the state of	tu	in the under	Z.	cause given in	1 _ 1 _ Y	RFORMED?	24b	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
: MEDICAL	Tolve	ant ophditions	Neo.	tuc	tu	OTHER:	26, PL	ACE OF DEATH (CH	1 _ 1 _ Y	ERFORMED?	7 24b	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
: MEDICAL	25. WAS CASE REFERRED TO EXAMINER?	ant ophditions	HOSPITAL: 1   Inpatient 2 [ 28a. DATE OF	□ ER/Outpationt :	3 DOA 28b, TIN	OTHER: 4   Nurein	26, PL/ ig Home	ACE OF DEATH (Ch	PI PI	erformed?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH  1 Natural 6	ant conditions  TO-WEOICAL  Pending	HOSPITAL:	□ ER/Outpationt :	3 DOA 28b, TIN	OTHER:	26, PL/ og Home 8e. (NJU WOF	ACE OF DEATH (Ch	eck only one)	erformed?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 6 2 Accident	nnt conditions  D-MEOICAL  Pending investigation	HOSPITAL: 1   Inpetient 2   28a. DATE OF (Month, D	ER/Outpetient : F INJURY Day, Year)	3 DOA 28b. TH. PN.	OTHER: 4   Nursin	26, PL/ g Home 8c. INJU WOF 1   Y	ACE OF DEATH (Ch.	eck only one)  6 Other (Specific 28d. DESCRIBE 128t. LOCATION 6	y)  HOW INJURY O	CCURED	AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
ED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 6   6   6   6   6   6   6   6   6   6	ant conditions  TO-WEOICAL  Pending	HOSPITAL: 1   Inpetient 2   28a. DATE OF (Month, D	ER/Outpatient : F INJURY Doy, Year)	3 DOA 28b. TH. PN.	OTHER: 4   Nursin	26, PL/ g Home 8c. INJU WOF 1   Y	ACE OF DEATH (Ch.	peck only one)  6 Other (Specific 28d. DESCRIBE)	y)  HOW INJURY O	CCURED	AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
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BE COMPLETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 6   6   7 No  2   Accident  3   Suicide 8   4   Homicide  29a. CERTIFIER (Check only one) 2   MEDI  29b. SIGNATURE AND MITLE  30. NAME AND ADDRESS OF	Pending investigation Could not be determined TIFVING PHYSIC PECF CENTIFIER	HOSPITAL: 1   Inputient 2   28. DATE ( Month, L 28. PLACE C building,  CIAN: To the best of R: On the Mass of a	ER/Outpatient : F INJURY Doy, Year)  OF INJURY — At h., etc. (Specify)  If my knowledge, diaxamination and/or	3 DOA 28b. TN. IN. In. In. In. In. In. In. In. In. In. In	OTHER: 4   Nursin IE OF JURY M street, factor red at the tim on, in my opi	26, PL/ g Home 8c. INJU WOF 1	ACE OF DEATH (Ch.  5 S Residence RRY AT RK? ES 2 NO  and place, and due seth occured at the	eck only one)  6 Other (Specific City or Town, at to the cause(e) et or time, data and pis	y) HOW INJURY O Street and Numb State)  Indicate the state of the stat	CCURED  er or Rural I	AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  THE PRIOR TO THE PRIOR TO CAUSE OF DEATH?  Route Number,
BE COMPLETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO EXAMINER?  1 YES 2 NAO  27. MANNER OF DEATH  1 Natural 6   2 Accident  3 Suicide 8   4 Homicide  29a. CERTIFIER (Check only one) 2 MEDI	Pending investigation Could not be determined TIFVING PHYSIC PECF CENTIFIER	HOSPITAL: 1   Inputient 2   28. DATE ( Month, L 28. PLACE C building,  CIAN: To the best of R: On the Mass of a	F INJURY F INJURY — At h. of INJURY — At h. of Injury — At h. of my knowledge, d examination and/or	3 DOA 28b. TN. IN. In. In. In. In. In. In. In. In. In. In	OTHER: 4   Nursin IE OF JURY M street, factor red at the tim on, in my opi	26, PL/ g Home 8c. INJU WOF 1	ACE OF DEATH (Ch.  5 S Residence RRY AT RK? ES 2 NO  and place, and due seth occured at the	eck only one)  6 Other (Specific City or Town, at to the cause(e) et or time, data and pis	y) HOW INJURY O Street and Numb State)  Indicate the state of the stat	CCURED  er or Rural I	AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  THE PRIOR TO THE PRIOR TO CAUSE OF DEATH?  Route Number,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

T6511 TP

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BALTIMORE, MARYLAND death. Page 6 may be retained by the hos

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

ATTENDING PHYSICIAN: The law requires that the death certificate be

HOSPITAL OR

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TO THE FUNERAL E be filed within 72 h IMPORTANT: If II

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31. DATE FILED (Month, Day,

1, 2, 3 should

Page		
DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached the property of the pr		
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5 shoul		Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
page		9
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this c	hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	rked,
After	death	в ша
ECTOR	s after	1 28
DIR	hour	Item

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 25, MARCH MARY RAE STOTTLEMYER 1990 5:10 AM M 4 SOCIAL SECTIBITY NUMBER 7. DATE OF BIRTH
(Month, Day, Year)
JULY 7, 1 5. SEX B. AGE (In yrs. last birthday) IF UNDER 1 YEAR 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. MONTHS DAYS HOURS 219-46-2802 MARYLAND 1 M 2 X F 1887 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR HOMEWOOD RETIREMENT CENTER WILLIAMSPORT WASHINGTON RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND FREDERICK THURMONT 1 TES 2 1 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 15 EMMITSBURG RD. 21788 U.S.A. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indien, Black, White, etc. FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 1 Never Merried 2 Merried Specify BY 3X Widowed 4 Divorced WHITE 16a. DECEDENT'S USUAL OCCUPATION ETED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed, (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) COMPL HOMEMAKER N/A NONE 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) JOHN W. KELBAUGH CARRIE V. RECHER 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING AODRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) RALPH E. STOTTLEMYER (SON) 14815 SABILLASVILLE RD., THURMONT, MD. 21788 20s. METHOD OF DISPOSITION
1X Burial 2 Cremetion 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, State WELLER CEMETERY THURMONT, MARYLAnd 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY RCBERT E. DAILEY & SON, P.A. 615 E. MAIN ST., THURMONT, MD. ART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximate ahock, or heart fallure. List only one cause on each line. Interval Between Onset and Deeth **IMMEDIATE CAUSE (Final** disease or condition\_ NTRACE reaulting in death) HE AS A CONSEQUENCE OF prafer STrum PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leeding to immediate cause. Enter UNDERLYING ENEBROVASCULA CAUSE (Disease or Injury OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 246. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 AO OF DEATH? 1 TYES 2 NO 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL: 1 TES 2 NO lent 2 - ER/Outpatient 3 - DOA Nursing Home 5 - Residence 6 - Other (Specify) 26e, DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 27. MAMRER OF DEATH 28d. DESCRIBE HOW INJURY OCCURED 1 Netural 2 Accident 5 Pending Investigation 1 YES 2 NO BY 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide ETED 6 Could not be 4 Homicide determined COMPL CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the ceuse(e) end menner as stated. (Check only one) basis of examination end/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(e) and menner as stated. 296 LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) BE 28/80 MEDICA Inc

TEO CAUSE OF DEATH (ITEM 27) MB

32. REGISTRAR'S SIGNATURE DE MA DAY door Hondeste

·	FOR 1 - STATE REGISTRAR	STATE OF MA	RYLAN	D / DEPARTM			MENTA	L HYGIENI REG. NO.	E		
	OFFEDENT'S NAME (First, Middle Last)	Thoreson	1		•		2. DATE	OF OEATH	1/ 90	3.	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 1944	5. SEX / 6.	AGE (In y		UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE	OF BIRTH	9 N	ountry) Tash	ingtonDC
200	98 FACILITY NAME (If not institution, give see ANNE ARUNDE RESIDENCE OF DECEDENT	- 11 - /	ENT	TER /	1	PRILOCATION OF DE	ATH /	-	AA G		н
	10a. STATE 10b. COUNT	Arundel		100000000000000000000000000000000000000	Annapo					100	d. INSIDE CITY LIMITS?  YES 2XXNO
	519 Oakmont Co					2101				S.A	
	11. MARITAL STATUS  1 Never Married 2 X Married  3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 IF YES, GIVE WAR	YES 2	2 X NO	If yes, spi	ENDENT OF HISPAN Icity Cuban, Mexical 2 NO Specify	n, Puerlo			Specify:	American Indian, hita, aic.
	15. DECEDENT'S EOU (Specify only highest grade Elementary/Secondary (0-12)	ICATION e completed) College (1-4 or 5+)	16	a. DECEDENT'S USL (Give kind of work life. Do NOT use re	IAL OCCUPATIO done during mo- tired.)	ON st of working	168	. KINO OF BUS			Stan
	12+			Secre	tary			Vaval	Acad	lemy	
۱	Lawrence Amos	Laser				18. MOTHER'S NA		middle, Meiden : Ethel	4	ENIT	nnel
ł	19a. INFORMANT'S NAME (Type/Print)			19b. MAILING AD	DRESS (Street a	nd Number or Rural F	Route Num	ber, City or Town			11/01
i	Keith Ray Thom	pson		519	Oakmo	ont Cou	rt	Arnol	Ld, MI	) 2	21012
	20a. METHOO OF DISPOSITION 1	noval from State	oti	LACE OF DISPOSITION (INC.)	•				CATION City		
	4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LI		Me	etro Cr		D ADDRESS OF FA	na era	1	Baltin	nore	, MD
	21. SIGNALUHE OF FUNERAL SERVICE	. Har	ron	nco	Barra	anco & Ritchie	Sons				
	23. FART   Enter the diseases, or shock, or heart fallure.	a. COC	on each		1 -	de of dying, such			1		Approximate Interval Between Onset end Death
	Sequentially liat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	c		ONSEQUENCE OF):							
	PART II. Other significant condition	ns contributing to de	ath but	not resulting in t	he underlyin	g cause given in	Part I.	24a. WAS AN PERFOR 1 YES 2	MED?	AV CC DI	ERE AUTOPSY FINDINGS MILABLE PRIOR TO MPLETION OF CAUSE F DEATH?  YES 2 NO
	25. WAS CASE REFERRED TO MEDICAL	1			26. PI	ACE OF DEATH (Ch	ack only o	ne)			
Ì	EXAMINER?	HOSPITAL:	R/Outpatio		THER:	e 5 🗆 Residence					
	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF IN (Month, Day,		28b. TIME O	F 28c. INJ	URY AT ORK? YES 2 NO		SCRIBE HOW I	NJURY OCCUR	EO	
	3 Suicide S Could not be 4 Homicide determined	28e. PLACE OF I building, etc		At home, farm, stre	et, factory, offic	•		CATION (Street a or Town, State)		Rural Rou	te Number,
	CONSTRUCTION OF THE PARTY OF TH	SICIAN: To the best of m								Buse(a) at	nd manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIE	Kins I	0 .	ma		29c. LICENSE NUI	811	8	> 生	GNED (M	onth, Day, Year)
	30. NAME AND ADDRESS OF PERSON W	ST	An	MARO	(1)	MD	I FA	LANKI	21401	)	
	31. OATE FILED (Month, Day, Year)	32. REGISTRAR	SIGNATI	URE							

201

0 8/3/4 X:

2

Dr.

31. DATE FILED (Month, Day, Year)

MAR

John T. Bulkeley,

29'90

permit. Pages 1, 2, 3 should

burial-transit

DIRECTOR

FUNERAL

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

217-22-6929

RESIDENCE OF DECEDENT

Box 58

1 Never Merried 2 Merried

Maryland

11. MARITAL STATUS

10e. STREET AND NUMBER

4. SOCIAL SECURITY NUMBER

Winnie L. Taylor

9a. FACILITY NAME (If not institution, give street and number)

5. SEX

Peninsula General Hospital

1 M 2 X F

Somerset

12. WAS DECEDENT EVER IN U.S. ARMED

FORCES? 1 YES 2 NO

0	3 Widowed 4 Divorced							
	15. DECEDENT'S EDU (Specify only highest grade			DECEDENT'S	ork done			16b. F
4	Elementary/Secondary (0-12)	College (1-4 or 5 +)		ille. Do NOT us	retired.)			
10	Grade 6			Prosce	ssor			
P.	17. FATHER'S NAME (First, Middle, Last)						18. MOTHER'S NA	ME (First, Mil
ш	Andrew Schultz Ty	yler					Manie	S. E
TO B	19e: INFORMANT'S NAME (Type/Print)						nd Number or Rural i	
F	Elwood A. Evans			7 W.	Pea	r St	Cris	field
	20s. METNOD OF DISPOSITION  1 Buriel 2 Cremetion 3 Rem  4 Donation 6 Other (Specify)	noval from State	other	place)			metery, crematory or	
	21. BIGHATURE OF VUHERAL SERVICE CH	Beach	la	wol	В	rads	haw & So Main S	ns Fu
	23. PART i. Enter the diseases, or shock, or heart failure.	complications that call ist only one cause	used the	death. Do n				
	IMMEDIATE CAUSE (Final disease or condition reaulting in death)	Arter	iosc	-		Car	diovasc	ular
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	с.		SEQUENCE OF				
CERT	resulting in death) LAST	d						
AL	PART II. Other eignificant condition		ath but no	ot resulting i	n the ur	nderlying	cause given in	Part i.
MEDICAL	Senile Dem	ientia						_
ME								_
PHYSICIAN:								
3	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		ACE OF DEATH (Ch	eck only one
S	VIX YES 2 NO	1 Inpatient 2 X EF	VOutpatient	3 DOA			e 5 □ Residence	8 🗆 Other
ВУ РН	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident investigation	28a. DATE OF INJ (Month, Day, )		28b. TIMI INJ	E OF URY M	28c. INJI WO: 1 \( \text{Y}\)		28d. DE\$6
ш	3 Suicide 8 Could not be	28e. PLACE OF IN building, etc.	JURY — At (Specify)	home, farm, a	treet, fac	tory, office	•	28f. LOCA City of
TED	4 Homicide determined							
OMPLETED	290. CERTIFIER (Check only 1 CERTIFYING PHYS	SICIAN: To the best of my ER: On the basis of exam						
BE COMPLETED	290. CERTIFIER (Check only 1 CERTIFYING PHYS	ER: On the basis of exam						time, date o

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO 2. DATE OF DEATN O AR 1952 7. DATE OF BIRTH B. BIRTHPLACE (State or Foreign 04-10-07 Maryland Oc. COUNTY OF DEATH Wicomico 10d. INSIDE CITY LIMITS? 1 YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? U.S.A. 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: White 16b. KIND OF BUSINESS/INDUSTRY Seafood NAME (First, Middle, Meiden Surname) e S. Evans al Route Number, City or Town, State, Zip Code) sfield, MD 21817 20c. LOCATION — City or Town, State Ewell, MD ons Funeral Home - Crisfield. 21817 uch as cardiac or respiratory arrest, Approximata interval Between Onset and Death cular Disease 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO 1 YES 2 NO e 8 Other (Specify) 28d. DESCRIBE NOW INJURY OCCURED 281. LOCATION (Street end Number or Rural Route Number, City or Town, State)

> fue to the cause(e) end manner ee stated. the time, date end place, and due to the cause(e) and manner as stated.

> > 29d. DATE SIGNED (Month, Day, Year)

29c. LICENSE NUMBER D03599 03-23-90

Deputy

30, NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Deputy M.E.

> 504 Elberta Avenue, Salisbury. Maryland

Julia Davidson-Randelle

CERTIFICATE OF DEATH

IF UNDER 1 YEAR

10c. CITY, TOWN OR LOCATION

IF UNDER 24 HRS.

9h. CITY, TOWN OR LOCATION OF DEATH

Salisbury

Ewell, MD

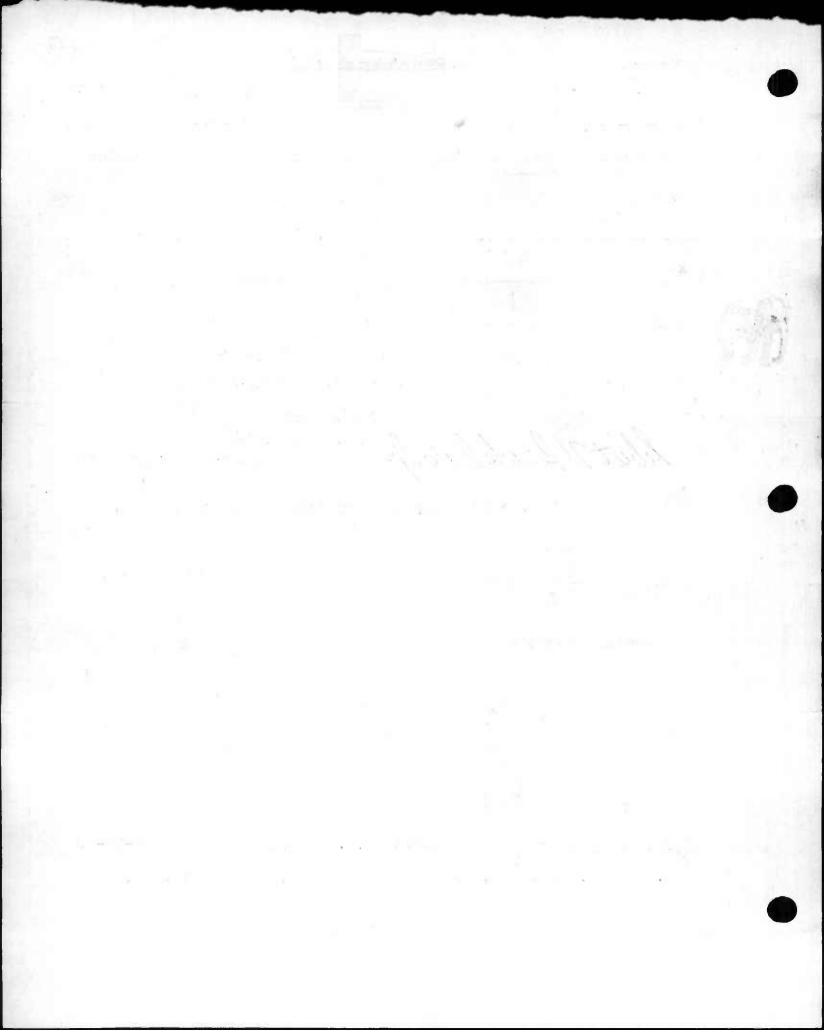
10f. ZIP CODE

21824

6. AGE (In yrs. last birthday)

YRS.

03TH



ir death. Page 6 may be retained by the hosp	he funeral director, page 5 should be detached.	examiner must be notified at once.	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within your after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	

STATE OF MARYLAND / DEPAR			HYGIENE
CERTIF	ICATE OF DEA	TH	REG. NO.

	1 - STATE REGISTRAR	STATE OF N	MARYLAND / D				EALTH AND I		SIENE		
	1. DECEDENT'S NAME (First, Middle, Lest) VIDA	MAY !	THOMAS					2. DATE OF DEA MONTH APRIL		YEAR	3. TIME OF DEATH  1:15PM M
	4. SOCIAL SECURITY NUMBER 577-72-3494	5. SEX 1  M 2 XF	6. AGE (In yrs. lest t	YRS.	IF UNDER	DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRT (Month, Day, M JULY 21	th bar) 1913	a. BIRTH Countr	IPLACE (State or Foreign ry) BAMA
TOR	90. FACILITY NAME (If not Institution, give  CARROLL MANOF  RESIDENCE OF DECEDENT		HOME		9b. CITY		TTSVILLE	EATH		RINCI	E GEORGES
DIRECTOR	10a. STATE 10b. COUNT	ONE	10c. CITY, TOWN OR LOCATION  WASHINGTON								10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	100. STREET AND NUMBER 1604 BUCHANAN	ST. N.E				101	ZIP CODE 20017			U.S.A	WHAT COUNTRY?
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	T EVER IN U.S. ARMI YES 2 XNO MAR OR DATES	ED		f yes, sp	ENDENT OF HISPAN acity Cuban, Mexica 2 NO Specify	n, Puarto Rican, e		14. RACE Black Speci	E — American Indian, k, White, etc.
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	UCATION le completed) College (1-4 or 5 d	He. D	DENT'S U kind of w to NOT use	ork done ( retired.)	during mo	DN st of working		T HOL		
BE	17. FATHER'S NAME (First, Middle, Last)  ANDREW JAC  19a. INFORMANT'S NAME (Type/Print)	KSON	SAVAGE	MAILING	ADDRESS	(Direct of	16. MOTHER'S NA JENNI nd Number or Rural	ME (First, Middle, A	Aeiden Sumame) IZABETF	I	ALVERSON
10	LEONARD W. T	HOMAS SR		5	SAME	AS		10	Oc. LOCATION -		own. State
	1   Burial 2   Cremation 3   Red 4   Donation 5   Other (Specify)     21, SIGNATURE OF FUNERAL SERVICE		other place	LAMBI	ERS	CRE	MATORY ID ADDRESS OF FA		RIVERDA		
	· WIN Cho	mbera		00092	_		. CHAMBE				E, MD.20737
CATION	23. PART I. Enter the diseases, or shock, or heart failure shock, or heart failure disease or condition resulting in death)  Sequentially liet conditions, if sny, lasding to immediate cause. Enter UNDERLYING		lead to	A STATE OF	Dr	o si	n		respiratory's	rrest,	Approximats Intervst Batween Onset and Death Hangy
CERTIFICATION	that initiated events resulting in death) LAST										
PHYSICIAN: MEDICAL	PART II. Other significant condition	entire of the stat	A NC			darlyin	g ceuse given in	P	PAS AN AUTOPS PERFORMED?  YES 2 JUNE PAGE ON 14	246	D. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2	HOSPITAL:	ER/Outpetlant 3	DOA	OTHE		ACE OF DEATH (Ch		"fy)		
ВУ	27. MANNER OF DEATH  1						Route Number,				
COMPLETED	3 Suicide 4 Homicide 6 Could not be determined 28s. PLACE OF INJURY — At home, farm, street, fectory, office City or Town, State) 28s. CERTIFIER (Check only)  CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.										
TO BE CON	one) 2 MEDICAL EXAMIP  THE MATTHE AND TITLE OF CERTIFIE  SO NAME AND ADDRESS OF PERSON W	man h	mD			opinion, d	29c. LICENSE NU				a) and manner as stated.  O (Month, Day, Year)  Bull 1990
	JOHN F. BREN 31. DATE FILED (Month, Dey, Year) APR 03 '91	32. REGISTRA	M.D. 3 AR'S SIGNATURE	415 -Rang		/ILT	ON ST.,	HYATTSV	HLE, M	D.	

- C - C -

	-	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Nous after death. Page 6 may be retained by the hospital or attending physician.	-	
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, and the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, and the funeral director, and the funeral director of the funeral director of the funeral director.	35.00	
be filed within 72 hours after death with the State Dept, or Health and Mental Hygiene prior to burfal, cremation, or removal.	1 / 1/21	
IMPORTANT If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	)	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

REGISTRAR	CE			REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last)  W/L/A/M  W/L	SON 7	WIGG		2. DATE OF OEATH MONTH	60 90	"   " 77K3 W	
4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. lest	birthday! IF UNDE	R 1 YEAR IF UNDER 24 HRS.				
	Y, TOWN OR LOCATION OF O			COUNTY OF OEATH			
Frostburg Village	Nursing H	ome F	rostburg		Allegany		
10a. STATE 10b. COUNTY						10d. INSIDE CITY LUMITS? 1 YES 2 NO	
	У	Cumb					
17 Plymouth Dr.				2			
1 Never Married 2 X Married FORCE	ES? 1 YES 2 W	5X	If yes, specify Cuban, Mexic	an, Puerto Rican, etc.)	(1	RACE — American Indian, Black, White, etc. SpecifyWhite	
15. OECEOENT'S EOUCATION	16a. DEC	EDENT'S USUAL C	OCCUPATION	16b. KIND OF BU	SINESS/INDUST	RY	
	(1-4 or 5+)			New	paper	Co.	
_			18 MOTHER'S N	ME /First Miridia Maidan	Cumama1		
			Bessi	e (Deffi	nbaugh	)	
19a, INFORMANT'S NAME (Type/Print)	19b	MAILING ADDRES	S (Street and Number or Rural	Route Number, City or Tow	n, State, Zip Cod	e)	
Richard A. Twigg		Rt. #	3 Box 134	Cumberla	nd, ME	21502	
20a. METHOD OF DISPOSITION 1 □ Byttpt, 2 □ Cremation 3 □ Removal from 5	State 20b. PLACE C	F DISPOSITION (N	ame of cemetery, cremetory or Burial Pa	20c. LC	cation – city Cumber	or Town, Blate	
21. SIGNATURE OF FUNERAL SERVICE LICENSEE	1/1/	22	. NAME AND ADDRESS OF F	winty Kigh	t Fune	ral Home	
· William Ja	(u)		309-311 De				
iMMEDIATE CAUSE (Finel disease or condition resulting in death)	DUE TO (OR AS A CONSEQ		,			Interval Between Onset and Death	
fi arry, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST							
PART II. Other eignificant conditions contribe	uting to death but not re	eaulting in the u	nderlying cause given in			24b. WERE AUTOPSY FINDINGS	
PART II. Other eignificant conditions contrib	uting to death but not re	aulting in the u	inderlying cause given in	Part i. 24a. WAS AN PERFO 1 VES	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
	uting to death but not re	eaulting in the u		PERFO	RMED?	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	TAL:	OTHE	26. PLACE OF DEATH (C	PERFO	RMED?	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO 1 No	TAL: lient 2 ☐ ER/Outpellent 3	□ DOA OTHE	26. PLACE OF DEATH (CER: unsing Home 5 □ Residence	PERFO  1 YES:  heck only one)  6 Other (Specify)	NO NO	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1 YES 2 NO 1 No 1 No Input  27. MANNER OF DEATH 266.	TAL:	ОТНЕ	26. PLACE OF DEATH (C	PERFO  1 VES :	NO NO	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1 YES 2 1 NO  27. MANNER OF DEATH  1 Netural 5 Pending 1 Netural 5 Proving Investigation	TAL: Ident 2 ER/Outpatient 3 DATE OF INJURY	DOA OTHE 4 No 28b. TIME OF INJURY	26. PLACE OF DEATH (CER: uraing Home 5 Residence 28c. INJURY AT WORK? 1 YES 2 NO	PERFO  1 YES:  heck only one)  6 Other (Specify)	NO NO NO NO NO NO NO NO NO NO NO NO NO N	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be	TAL: Ident 2 ER/Outpatient 3 DATE OF INJURY (Month, Day, Year)  PLACE OF INJURY — At hor building, atc. (Specify)	DOA OTHE OF INJURY M Mns, farm, street, fasth occurred at the	26. PLACE OF DEATH (CER: ursing Home 5 Residence 28c. INJURY AT WORK? 1 YES 2 NO ctory, office	PERFO  1 YES:  heck only one)  6 Other (Specify)  28d. DESCRIBE HOW  28f. LOCATION (Street City or Youn, Shale	INJURY OCCURI	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1	TAL: Ident 2 ER/Outpatient 3 DATE OF INJURY (Month, Day, Year)  PLACE OF INJURY — At hor building, atc. (Specify)	DOA OTHE OF INJURY M Mns, farm, street, fasth occurred at the	26. PLACE OF DEATH (CER: arsing Home 5 Residence WORK?  1 YES 2 NO Ctory, office  1 Ime, date and piece, and du opinion, death occured at the 29c. LICENSE NO	PERFO  1 YES:  heck only one)  6 Other (Specify)  28d. DESCRIBE HOW  28f. LOCATION (Street City or Yown, State)  to the cause(a) and me time, data and place, as IMBER	INJURY OCCURI	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1  YES 2 NO  1  Inpet  27. MANNER OF DEATH  1  Netural 5  Pending Investigation 3  Suicide 6  Could not be determined  29e. CERTIFIER (Check only one)  2  MEDICAL EXAMINER: On the I	TAL: Itent 2 ER/Outpetient 3  DATE OF INJURY (Month, Day, Year)  PLACE OF INJURY — At hor building, atc. (Specify)  the best of my knowledge, deal beside of examination and/or in	DOA 4 No. 28b. TIME OF INJURY M ne, farm, street, fa- sth occurred at the restigation, in my	26. PLACE OF DEATH (CER: ursing Home 5  Residence 26c. INJURY AT WORK? 1 YES 2 NO ctory, office	PERFO  1 YES:  heck only one)  6 Other (Specify)  28d. DESCRIBE HOW  28f. LOCATION (Street City or Yown, State)  to the cause(a) and me time, data and place, as IMBER	INJURY OCCURI	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  Note: The control of the control o	
25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1	TAL: Ident 2 = ER/Outpatient 3 DATE OF INJURY (Month, Day, Year)  PLACE OF INJURY — At hor building, atc. (Specify)  the best of my knowledge, deal besie of examination and/or in	DOA OTHE 4 M No 26b. TIME OF INJURY M na, farm, atreet, fa	26. PLACE OF DEATH (CER: ursing Home 5 Residence 28c. INJURY AT WORK? 1 YES 2 NO ctory, office  Itime, date and place, and du opinion, death occured at the 29c. LICENSE NO	PERFO  1 YES:  heck only one)  6 Other (Specify)  28d. DESCRIBE HOW  28f. LOCATION (Street City or Yown, State)  to the cause(a) and me time, data and place, as IMBER	INJURY OCCURI	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  Note: The control of the control o	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Se. FACILITY NAME (If not institution, give street and num  Frostburg Village  RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY  MD  Allegan  10c. STREET AND NUMBER  17 Plymouth Dr.  11. MARITAL STATUS  1 Never Married 2 Married  15. OECEOENT'S EQUCATION (Specify only highest grade completed)  Elementery/Secondary (0-12)  College (  8  17. FATHER'S NAME (First, Middle, Lest)  William B. Twigg  19a. INFORMANT'S NAME (Typo/Print)  Richard A. Twigg  20a. METHOD OF OISPOSITION  1 Byrdipk, 2 Cremetton 3 Removel from 5  4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAC SERVICE LICENSEE  18 Sequentieity list conditions, if any, leeding to immediate cause. Enter UNDERLYING  CAUSE (Disease or Injury  10a. Cause. Enter Underlying  CAUSE (Disease or Injury  1 Sequentieity list conditions, if any, leeding to immediate cause. Enter UNDERLYING  CAUSE (Disease or Injury	De. FACILITY NAME (II not institution, give street and number)  Frostburg Village Nursing H  RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY  MD  10c. STREET AND NUMBER  17 Plymouth Dr.  11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Otvorced  15. OECEOENT'S EQUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5+)  William B. Twigg  19a. INFORMANT'S NAME (First, Middle, Last)  William B. Twigg  20a. METHOD OF OISPOSITION 1 Berger 2 Cremation 3 Removal from State  21. SIGNATURE OF FUNERAL SERVICE LICENSER  22. PART I. Enter the diseases, or complications that caused the decade ahock, or heart fellure. List pnly pne cause on each line.  IMMEDIATE CAUSE (Finel diseases or condition resulting in death)  DUE TO (OR AS A CONSEQ Cause. Enter UNDERLYING CAUSE (Disease or Injury)  DUE TO (OR AS A CONSEQ Cause. Enter UNDERLYING CAUSE (Disease or Injury)  DUE TO (OR AS A CONSEQ Cause. Enter UNDERLYING CAUSE (Disease or Injury)  DUE TO (OR AS A CONSEQ Cause. Enter UNDERLYING CAUSE (Disease or Injury)	99. FACILITY NAME (If not institution, give street and number)  FRESIDENCE OF DECEDENT  100. STATE  100. COUNTY  100. STATE  100. COUNTY  100. STREET AND NUMBER  17 Plymouth Dr.  11. MARITAL STATUS  1 Never Married  2 Married  3 Widowed 4 Orvorced  15. OECEDENT'S EDUCATION  (Specify only highest grade completed)  16. DECEDENT'S USUAL OR (Give kind of work done life. Do NOT use retred.)  17. FATHER'S NAME (First, Middle, Lest)  William B. Twigg  19. INFORMANT'S NAME (Type/Print)  Richard A. Twigg  20. METHOD OF OISPOSITION  10. Bighaph 2 Cremetion 3 Removal from State  10. SIGNATURE OF FUNSRAC SERVICE LICENSER  21. SIGNATURE OF FUNSRAC SERVICE LICENSER  22. DUE TO (OR AS A CONSEQUENCE OF):  Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLY/INC.  C. DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):	98. FACILITY NAME (If not institution, give street and number) 98. FACILITY NAME (If not institution, give street and number) 98. FACILITY NAME (If not institution, give street and number) 98. FACILITY NAME (If not institution, give street and number) 98. FACILITY NAME (If not institution, give street and number) 99. CITY, TOWN OR LOCATION OF OR STREET AND NUMBER 100. STREET AND NUMBER 17 Plymouth Dr. 11. MARITAL STATUS 12. WAS OECEDENT EVER IN U.S. ARMED PORCES? 1   VES 2   VEY 2	See PACILITY NAME (If not institution, give street and number)  Frostburg Village Nursing Home  Frostburg  106. COUNTY  MD Allegany  106. CITY, TOWN OR LOCATION  Cumberland  107. ZIP CODE  21502  11. MARITAL STATUS  108. OECEDENT EVER IN U.S. ARMED  FORCEST 1   VES 2   DXX  If YES, GIVE WAR OR DATES  11. WAS DECEDENT'S USUAL OCCUPATION  (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5+)  8  108. MALING ADDRESS (Street and Number or Farral Floute Number City or Fow Optical Constitution of Surse Constitution)  (Specify only Number City or Fow Optical Constitution)  (Sive Name (Pirat, Middle, Lest)  Pressman  108. MALING ADDRESS (Street and Number or Farral Floute Number City or Fow Optical Constitution)  (Specify only Number City or Fow Optical Constitution)  (Sive Name (Pirat, Middle, Lest)  Pressman  109. MALING ADDRESS (Street and Number or Farral Floute Number City or Fow Optical Constitution)  (Specify only Number City or Fow Optical Constitution)  (Sive Name (Pirat, Middle, Lest)  Pressman  109. MALING ADDRESS (Street and Number or Farral Floute Number City or Fow Optical Constitution)  109. METHOD OF OSPOSITION (Name or Comettery, cremetory or Optical Constitution)  109. MALING ADDRESS (Street and Number or Farral Floute Number City or Fow Optical Constitution)  109. PLACE OF DISPOSITION (Name or Comettery, cremetory or Optical Constitution)  109. PLACE OF DISPOSITION (Name or Comettery, cremetory or Optical Constitution)  109. PLACE OF DISPOSITION (Name or Comettery, cremetory or Optical Constitution)  109. PLACE OF DISPOSITION (Name or Comettery, cremetory or Optical Constitution)  109. PLACE OF DISPOSITION (Name or Comettery, cremetory or Optical Constitution)  109. PLACE OF DISPOSITION (Name or Comettery, cremetory or Optical Constitution)  109. PLACE OF DISPOSITION (Name or Comettery, cremetory or Optical Constitution)  109. PLACE OF DISPOSITION (Name or Comettery, cremetory or Optical Constitution)  109. PLACE OF DISPOSITION (Name or Comettery, cremetory or Optic	Se, COUNTY NAME (If not institution, pive street and number)  Frostburg Village Nursing Home  Frostburg Frostburg  All  Section Village Nursing Home  Frostburg  All  Section Village Nursing Home  Frostburg  Section Village Nursing Home  Frostburg  Section Village Nursing Home  Frostburg  Section Village Nursing Home  Frostburg  Section Village Nursing Home  Frostburg  Section Village Nursing Home  Frostburg  Section Village Nursing Home  Frostburg  Section Village Nursing Home  Frostburg  Section Village Nursing Home  Frostburg  Section Village Nursing Home  Frostburg  Section Village Nursing Home  Frostburg  Section Village Nursing Home  Frostburg  Section Village Nursing Home  Frostburg  Section Village Nursing Home  Sequentially list conditions  Sequentially list conditions  Frostburg  Section Nursing Home  Section Village Nursing Home  Sequential Nursing Home  Sequential Nursing Home  Sequential Nursing Home  Sequential Nursing Home  Sequential Nursing Home  Sequential Nursing Home  Sequential Nursing Home  Sequential Nursing Home  Sequential Nursing Home  Sequential Nursing Home  Sequential Nursing Home  Sequential Nursing Home  Sequential Nursing Home	

TO BE COME	TO BE COMBI ETED BY PHYSICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
ne runeral orrector, page o snould de detache al.	TO THE FUNEMAL UNEXCION: After this certificate has been signed by the authoring physician and completely lined in by the funeral oriedby, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygiens prior to burial, cremation, or removal.
r death. Page 6 may be retained by the hosp	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a mount after death. Page 6 may be retained by the host
DALI IMORE, MARTLAND	DIVISION OF VINE RECORDS, T.O. BOX 13146,

31: DATE FILED (Month, Day, Year)
APR 06 '90

32, BEGISTRAR'S SIGNATURE

	REGISTRAR		CE	RTIF	ICATE OF	DEATH		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Las							ATE OF DEATH	W Y	EAR	3. TIME OF DEATH
	David	Oneal Tho	mpson					3 3		0	1255 AM
-	4. SOCIAL SECURITY NUMBER 577-05-9947 - A	5. SEX 1 M 2 F	3. AGE (In yrs. last 77	birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. D	ATE OF BIRTH Month, Day, Year)	1912	Country) Geo	LACE (State or Foreign
1	96. FACILITY NAME (If not institution, give	,		9b. CITY, TOWN O	OR LOCATION OF D			9c. COUNTY			
DIRECTOR	SOUTHISEN MIRY MAIN HOSPITAL CLIMETO								PRIME	E	Georges
Ë	JOE. STATE 10b. COU	NTY		10c. CIT	Y, TOWN OR LOCAT	TION					16d. INSIDE CITY LIMITS?
9	Maryland Cha	rles		W	aldorf						1 YES 2 X NO
A.	10e. STREET AND NUMBER				101	. ZIP CODE			10g. CITIZE	N OF WI	NAT COUNTRY?
ER/	6079 C Thorough	bred Ct.				20603			U.S.	Α.	
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 X Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, OIVE WAI	YES 2 NO	MED O	II yes, sp	ENDENT OF NISPA ecity Cuban, Maxic 2 X NO Spec	an, Pu	RIGIN? (Specify Yes arto Rican, atc.)	or No- 14	Black, Specify	- American Indian, White, etc.
ED E	15. DECEDENT'S E	DUCATION	180 DEC	EDENTIO	USUAL OCCUPATION	DAL		16b. KIND OF BUS	WEER WINDIE		
E	(Specify only highest gra	ade completed)	(Giv	e kind of v Do NOT us	work done during mo	ast of working		100. KMD OF BUS	PINESSAMOOS	INT	
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	Mu	rse				St. Eli	zahe+l	n Ho	gnital
2	17, FATHER'S NAME (First, Middle, Last)		2402	100		18 MOTHER'S N	AME /E	irst, Middle, Maiden		1 110	Spitai
	William Joel 7	homoson						ia Ella		77.7	
BE	19a. INFORMANT'S NAME (Type/Print)	1101105011	105	MAHINO	ADDRESS (Street a					-	
2	Helen Thompson		100.		e as 10		rioune	Number, City or low	n, State, 240 Co	008)	
	20a. METHOD OF DISPOSITION		T any 27 4 27 6								
	DCBuriel 2 ☐ Cremation 3 ☐ R	emoval from State	other plac	00)	SITION (Name of cer				CATION — CIT		
	4 Donation 5 Other (Specify)	LICENCEE 4	Cedar	HII	1 Cemete	_			itland		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRES  6633, Old Al CLINTON, MI						and	lee Fu Ferry	neral Rd.	Hon	e, Inc.
	23. PART L Enter the diseases, o	or complications that	caused the dea	th. Do r	not anter the mo	da of dying, su	ch sa	cardiac or respi	ratory arres	it,	Approximate
	shock, or heart fallur IMMEDIATE CAUSE (Finel	e. List only one cause	e on each line.								Interval Between Onset and Death
	disease or condition			( a		de an		1			Onest and beating
	resulting in deeth)	e. DUE TO (C	OR AS A CONSEC	ONSEQUENCE OF):							
7	DUE TO (OR AS A CONSEQUENCE OF):								1		
CERTIFICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)  DUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  C. DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  C. DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):										don
Y.	ff sny, leading to immediate couse. Enter UNDERLYING									31	
Ē	CAUSE (Disease or Injury that Initiated events DUE 10 (OR AS A CONSEQUENCE OF)										
F	resulting in death) LAST										
8											1
DICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given							I. 24s. WAS AN PERFOR	MED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
M											1 TES 2 NO
ä											
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				LACE OF DEATH (C	Check or	nly one)			
S	1 TES 2 NO		ER/Outpatient 3	□ DOA	OTHER: 4 Nursing Horn	ne 5 🗆 Realdence	6 🗆	Other (Specify)			
Y PHYSICIAN:	27. MANNER OF DEATN  1 Netural 5 Pending Investigation	28a. DATE OF II (Month, Day		20b. TIM	IURY WO	FURY AT DRK? YES 2 NO	28d	DESCRIBE HOW I	NJURY OCCU	RED	
TED BY	2 Accident investigand 3 Suicide 6 Could not 4 Homicide determined	28e. PLACE OF	INJURY At honic. (Specify)	ne, farm, :	street, factory, offic	:0	281.	LOCATION (Street a City or Town, State)	and Number or	Rural Ro	oute Number,
COMPLETED	and and	YSICIAN: To the bast of m									and manner as stated.
BE	29b. SIGNAT RALLE CA	mano.	ha 11.	in		29c, LICENSE NO	7Z	87	29d. DATE 8		(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON	WNO COMPLETED CALL	OF DOUTH (ITEM	27) (Type	, Print)						
	R.A. McConnaug		18 St. E	Barna	abas Rd.	Oxon Hi	.11	Md. 2074	45		

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2s nours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transfer.	IMPORTANT: If I liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)	OIRIE OF MI			T OF HEALTH AND E OF DEATH	REG. N	10.	3. TIME OF DEATH
	Lottie	В.	Truit	_		3 2	9° 90	7:18 p. N
	4. SOCIAL SECURITY NUMBER 216 09 6134	1 M 2 X F	3. AGE (In yrs. last bir	YRS. MONTHS	R 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.		/95	BIRTNPLACE (State or Foreign Country) New York
TOR	9a. FACILITY NAME (If not institution, give atr Berlin Nursing RESIDENCE OF DECEMENT			9b. CIT	Berlin	DEATH	9c. COUNTY Wor	cester
DIRECTOR	Maryland Word	ester	1	oc. CITY, TOWN Bel	or Location rlin			10d. INSIDE CITY LIMITS? 1  YES 2 X NO
FUNERAL	US 50 & Rt 1	13			10f. ZIP CODE 2181	1		OF WHAT COUNTRY?
BY FUI	11. MARITAL STATUS 1 Never Married 2 Married 3 X Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [ IF YES, GIVE WA	YES 2 XNO	D 13.	WAS DECENDENT OF HISP/ If yee, epecify Cuban, Mexic  1 YES 2 NO Spec	can, Puerto Ricen, etc.)		RACE — American Indian, Black, White, etc. Specify: White
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)		(Give I	DENT'S USUAL Colored to NOT use retired.) Homema	during most of working		BUSINESS/INDUS	
BE COM	17. FATHER'S NAME (First, Middle, Lest)  Louis Baumann				16. MOTNER'S N	AME (First, Middle, Meid lizabeth	den Surneme)	е
10 E	190. INFORMANT'S NAME (Type/Print)  Alice Jane Farle	OW			S (Street and Number or Rura Lane, Somer			8244
	20a. METHOD OF DISPOSITION  1 X Burlel 2 Cremation 3 Remo		20b. PLACE OF	DISPOSITION (N	ame of cemetery, crematory or ethodiat Cem	20c.	LOCATION - CIT	
	21. SIGNATURE OF THE NAL. SERVICE LIGHT	4/	PPILING		NAME AND ADDRESS OF P Dennis Fune	ral Home		
	23. DART I. Enter the diseases, or shock, or heart failure. L. IMMEDIATE CAUSE (Final disease or condition	let only one caus	e on each line.		r the mode of dying, su	ch as cardlec or re	epiretory srree	Interval Between
CERTIFICATION	Sequentielly list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	OUE TO ((	DR AS A CONSEQUE  DR AS A CONSEQUE  DR AS A CONSEQUE  DR AS A CONSEQUE	ENCE OF):	yourno yest An	chen.	d bi-	)'
PHYSICIAN: MEDICAL C	PART II. Other significant conditions	s contributing to c	leeth but not resu	ulting in the u	nderlying ceuse given l	PER	AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
ICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHE	26. PLACE OF DEATN (C			
/ PHYS	1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation	1 Inpatient 2 I	NJURY 2	BB. TIME OF INJURY	28c. INJURY AT WORK?  1 YES 2 NO	8 Other (Specify) 28d. DESCRIBE HO	W INJURY OCCU	RED
	2 Accident Investigation 3 Suicide a Could not be 4 Homicide determined	28e. PLACE OF building, e	INJURY — At home, tc. (Specify)	, ferm, street, fe	ctory, office	261. LOCATION (Str. City or Town, S		Rural Route Number,
TED BY	The state of the s							
COMPLETED BY	ana)				time, date and place, and do opinion, death occured at ti			:ause(e) and manner as stated.

#3 Bay St., Berlin, Md. 21811

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 21) (Type, Print)

Arthes,

M.D. 32. REGISTRAR'S SIGNATURE Julia Davidson-Randall

Federico G
31. DATE FILED (Month, Day, Year)

APR 0 2 '90

Acces to the second of the sec

- Carried The Marie Server

CONTRACT TO SESSE

3. TIME OF DEATH

DHMH-16 Rev 1/89

1 - FOR STATE REGISTRAR

1. DECEGENT'S NAME (First, Middle, Last)

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Seath	fune	
fter	the	BAO
60	5	E S
70	D in	10
1 1/2	fille	00
AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. F	IL DIFFECTOR AND THIS CALL CASE has been signed by the attending physician and completely filled in by the funeral	State Deep of Health and Mental Hydiene prior to burial compation or removal
cuted	ф соп	1113
8	an an	9
ate be	ysician	Dring
certifica	ding ph	Avriene
death	atten	antal F
the	4	M
hat	9	300
uires t	signe	Health
9	eeu	ď
MP	d Ser	Dans
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TEN	CTUR	office
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2	3	ė

	EDN A	Edna M.	7	34L UNDER 1 YEAR	L M	MONTH arch 28		90	12:48 and		
	115-30-2152	1 □ M XX F		ITHS DAYS	HOURS MIN.	(Month, Dey, Year) 4-20-02		Country)	N.J.		
	9e. FACILITY NAME (ti not institution, give street end number)  9b. CITY, TOWN OR LOCATION OF DEATH  9c. COUNTY OF DEATH										
OR	Southern MD Ho	spital Cer	nter	Clir	nton		Pri	nce (	George's		
ECTOR	RESIDENCE OF DECEDENT  10a, STATE 10b, COUNTY		10c, CITY, TO	WN OR LOCAT	TION			10d	INSIDE CITY		
DIRI	Mđ.	P.G.		nton					LIMITS? YES 2 X NO		
i i	10e. STREET AND NUMBER	1.0.	1 011		. ZIP CODE		10g. CITIZEI	-	COUNTRY?		
IERAL	5607 Patagonia C	ourt			20735		USZ	A			
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Married 2DX Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	XXNO	If yes, sp	ENDENT OF HISPANIC Coecify Cuban, Mexican, Pr	ORIGIN? (Specify Yea werto Ricen, etc.)	or No— 14	Bleck, Wh Specify:			
ED	15, DECEDENT'S EDUC (Specify only highest grade	ATION	16a. DECEDENT'S USU (Give kind of work	IAL OCCUPATION	ON and unarking	16b. KIND OF BU	SINESS/INDUS	TRY			
OMPLETE	Elementary/Secondary (0-12)	College (1-4 or 5+)	Homema)	thed.)	NOT OF WORKING	Own Ho	ome				
BE COI	17. FATHER'S NAME (First, Middle, Last)  George W. Corwin				18. MOTHER'S NAME (		Sumame)				
TO E	19s. INFORMANT'S NAME (Type/Print) Susan Turnbull			ORESS (Street of	and Number or Rural Route A—F	Number, City or Tow	n, State, Zip Co	ode)			
	20e. METHOD OF DISPOSITION .	20	b. PLACE OF DISPOSITIO			20c. LO	CATION — CII	y or Town,	State		
	1 Buriel 2 Cremetion 3 Remo	oval from State	other place) Mt. I	Hope C	emetery		crwich				
	21. SIGNATURE OF FUNERAL SERVICE LIC	4 Donetion 6 Other (Specify)  Mt. Hope Cemetery  NorWich, N.Y.  21. SIGNATURE OF FUNERAL SERVICE UCCUSES  22. NAME AND ADDRESS OF FACILITY Lee Funeral Home, Inc.									
	MINO	6633 Old Alexander Ferry Road  23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,  Approximate									
CERTIFICATION	ahock, or heart fellure. I	DUE TO (OR AS  DUE TO (OR AS  OUT TO (OR AS  OUT TO (OR AS	CONSEQUENCE OF:	FA	AILURE RT FAI	LUPE.		π,	Approximate Interval Betwee Onset and Dast		
MEDICAL C	PART II. Other algorificent condition			he underlyin	g cause given in Par	t i. 24a. WAS AN PERFO	RMED?	AWA	RE AUTOPSY FINDINGS JLABLE PRIOR TO MPLETION OF CAUSE		
	PITUITARY		4						DEATH?		
	SE12URE	5 .									
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	Ισ	26. P	LACE OF DEATH (Check	only one)					
HYS	1 YES 2 XNO	1 Anpetient 2 ER/Ou 28e. DATE OF INJURY			ne 6 Reeldence 6 JURY AT 28	Other (Specify)	IN HIEV OCCIL	DED			
ВУ РР	1 Netural 6 Pending 2 Accident Investigation	(Month, Day, Year)		M 1 🗆	YES 2 NO	of, LOCATION (Street					
ETED	3 Suicide a Could not be 4 Homicida determined	building, etc. (Sp	ecify)	n, ractory, one	20	City or Town, State		norer nouse	reumber,		
COMPLE	Control of the	CIAN: To the best of my kno							d manner as stated.		
BE	296 SIGHATURE AND TITUE OF CERTIFIER	ezer	- ~	>	29c, LICENSE NUMBE	R 281	29d. DATE 1	SIGNED (Mo	onth, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED LAUSE OF D	DEATH (ITEM 27) (Type, Pri	5 500	DIES ED	CLI	NTON	J, n	D 20735		
	31. DATE FILED (Month, Day, Year) MAR 30 '90	32. REGISTRAR'S SIG	NATURE			1					

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

Edna M. Turnbull BULL

2. DATE OF DEATH

FOR STATE

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR CERTIFICATE OF DEATH REG. NO.
(1)	1. DECEDENT'S NAME (First, Middle, Last)  2. DATE OF DEATH MONTH DAY YEAR  3. TIME OF DEATH
,	GEORGE MATTHEW THOMAS, JR. March 31. 1990 4:50 A. M
	4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In vrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign
	220-03-5212 1 X M 2 D F 70 YRS. MONTHS DAYS HOURS MIN. OCT. 25, 1919 MARYLAND
	9a. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATH  9c. COUNTY OF DEATH
6 F	St. Mary's Hospital Leonardtown St. Mary's
2	RESIDENCE OF DECEDENT
DIRECTOR	MD. ST. MARY'S CO. PARK HALL 1 YES 2 1 NO
A	10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY?
FUNERAL	GENERAL DELIVERY 20667 U.S.A.
5	11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS OECENOENT OF HISPANIC ORIGIN? (Specify Yea or No— 14. RACE — American Indian, 15. Never Married 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS OECENOENT OF HISPANIC ORIGIN? (Specify Yea or No— 14. RACE — American Indian, 15. Never Married 17. Never Married 18. WAS DECEDENT EVER IN U.S. ARMED 19. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yea or No— 19. Never Married 19. WAS DECEDENT EVER IN U.S. ARMED 19. Never Married 19. Never Marri
BY	1 Never Married 2 Married 5 Married 6 Never Married 7 Married 7 Married 8 Never Married 8 Never Married 8 Never Married 8 Never Married 8 Never Married 8 Never Married 9 Never Married 9 Never Married 9 Never Married 9 Never Married 1 Yes, specify Cuben, Mexican, Puerto Rican, etc.)  1 Yes, specify Cuben, Mexican, Puerto Rican, etc.)  1 Yes, specify:  8 Never Married 9 Never Marri
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working
틻	(Specify only highest grade completed)  [Give kind of work done during most of working life. Do NOT use retired.]  [Give kind of work done during most of working life. Do NOT use retired.]
4	6TH. GRADE TRUCK DRIVER COAL COMPANY
8	17. FATHER'S NAME (First, Middle, Last)  18. MOTHER'S NAME (First, Middle, Maiden Surname)
BE (	GEORGE MATTHEW THOMAS MARY ELIZABETH SHADE
2	19a. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
-	ROSE R. BROOKS GENERAL DELIVERY, PARK HALL, MD. 20667
	20a. METHOD OF DISPOSITION  20b. PLACE OF DISPOSITION (Name of cametery, crematory or other place)  20c. LOCATION Cify or Town, State other place)
	4 Donation 5 Dother (Specify) TRUE HOLINESS CEMETERY PARK HALL, MD.  21. BIGHATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY
	MATTINGLEY-GARDINER FUNERAL HOME, P.A.
	P.O. BOX 270, LEONARDTOWN, MD. 20650  23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest,  Approximate
	Shock, or heart failure. List only one cause on each line.
	disease or condition \\ \( \lambda \) \\ \( \lambda \) \\ \( \lambda \) \\ \( \lambda \) \\ \( \lambda \) \\ \( \lambda \) \\\ \( \lambda \) \\\ \( \lambda \) \\ \( \lambda \) \\\ \( \lambda
	resulting in death)  a.   OUE TO JOH AS A CONSTITUTION OF THE TO JOH AS A CONSTITUTION OF THE TOTAL OF THE TO
z	Sestinenka
2	Sequentially list conditions, if any, leading to immediate
S	CAUSE (Please or Intury
E	that initiated events DUE TO (OR AS A COMSEQUENCE OF):
CERTIFICATION	reaulting in deeth) LAST
	PART II. Other aignificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS
S	PERFORMED?  1 YES NO  1 YE
	T YES 3 NO DF GEATH?  1 YES 2 NO
Σ.	
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)
SIC	EXAMINER?    HOSPITAL: OTHER:   OTHER:
Ŧ	27. MANNER OF DEATH  28a. DATE OF INJURY (Month, Day, Year) (Month, Day, Year) (Month, Day, Year) (Month, Day, Year) (Month, Day, Year) (Month, Day, Year) (Month, Day, Year)
ВУ Р	1 Natural 5 Pending 2 Absident Investigation  M 1 YES 2 NO
	2   Acctorn   28e. PLACE OF INJURY — Al home, farm, street, factory, office building, atc. (Specify)   28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)
田	4 Homicide detarmined
7	29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated.
COMPLETED	(Check only one)  2 MEDICAL EXAMINER: On the beald of examination and/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(a) and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year)
BE	DOL419 14-1-90
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
	James P. Jarboe, M.D., Leonardtown, Md
	Janues P. Jarboe, M.D., Leonardtown, Md  31. DATE FILED (MORRY) POP No. 2 190 12. HEGISTHAR'S SIGNATURE - Randalls  4. HEGISTHAR'S SIGNATURE - Randalls
	HILLY U.S. DU I J. GENERALIMENT

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

A15 = 2 = 5 'L .

TIMORE, MARYLAND 21203-3146	th. Page 6 may be retained by the hospital or attending physician.	his certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	miner must be notified at once.
BAI	s after dea	by the fur	dical exa
DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with burs after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or re	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARY		NT OF HEALTH AND	MENTAL HYGIENE REG. NO.				
	1. DECEDENT'S NAME (First Militalis Lash) JOSEPh	<b>ੁ</b> ਦ		ın, Jr.	2. DATE OF DEATH DAY	710	1:08pm		
Ô	4. SOCIAL SECURITY NUMBER 215-03-4735	1 M 2 □ F	(In yrs. lest birthday) IF UNIT 73YRS.	ER 1 YEAR IF UNDER 24 HRS. B DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 06/10/16	8. BIRTHPLA Country)	CE (State or Foreign		
LOR	9a. FACILITY NAME (It not institution, give s Harbor Hospit		9b. C	TY, TOWN OR LOCATION OF D Baltimore	DEATH 9c.	City	н		
AL DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  MD  10b. COUNTY	Anne Arundel	10c. CITY, TOWN	erna Park			1. INSIDE CITY LIMITS? YES 2 NO		
ERAE	138 Truckhous	se Rd.		10f. ZIP CODE	21146	U.S.	COUNTRY?		
BY FUNER	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES, GIVE WAR OR 1 04/21/4	DATES	3. WAS DECENDENT OF HISPA If yes, specify Cuben, Maxic 1 YES 2 NO Spec		0- 14. RACE — Black, W Specify:	Amarican Indian, hite, etc.		
LETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION	180. DECEDENT'S USUAL	ne during most of working	16b. KIND OF BUSINES	S/INDUSTRY	WITTCE		
COMPL	17. FATHER'S NAME (First, Middle, Last)		Machin	18. MOTHER'S N	AME (First, Middle, Malden Surne	,	pplies		
TO BE	Joseph E. Urb  190. INFORMANT'S NAME (Type/Print)  Mrs. Helene K			SS (Street and Number or Rura	ephine Mantia I Route Number, City or Town, Ste	te, Zip Code)			
	20a. METHOD OF DISPOSITION  1 Donation 5 Other (Specify)	20		Name of cemetery, cremetory or		Park N ON - City or Town, Rurnie			
	21. SIGNATURE OF PURCHAL SERVICE LIC	Bura		2. NAME AND ADDRESS OF F	495 R	itchie H	w/s		
	23. PART / Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such se cerdiec or respiratory erreet, shock, or heart fellure. Liet only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  e. HE MORRA HAGE INTO BRAW TUMOUR								
CERTIFICATION	Sequentielly list conditions, if sny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO COR AS	A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):	LUNG G	ANCER BONE &	SKIN			
MEDICAL	PART II. Other significant condition	e contributing to death	but not resulting in the	underlying cause given in	Pert I. 24a. WAS AN AUTO PERFORMED 1 TYES 2 N	? AM CO IO OF	RE AUTOPSY FINDINGS NILABLE PRIOR TO MPLETION OF CAUSE DEATH?  YES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	tratiant 3 DOA 4 DA						
	27. MANNER OF DEATH  1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28h TIME OF	28c. INJURY AT WORK?  1 YES 2 NO	28d. DESCRIBE HOW INJUR	Y OCCURED			
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide detarmined	28a. PLACE OF INJUR building, etc. (Sp	Y — At home, farm, street, 1 ecily)	actory, office	28f. LCCATION (Street and Number or Rural Route Number, City or Town, State)				
COMPLET	000)				se to the cause(e) end manner a		d manner as stated.		
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIE	solde.	House staff	Phy 29c. LICENSE NO	JMBER 29d	3/30	orth, Day, Year)		
_	50. NAME AND ADDRESS OF PERSON WE 5. NIMMAC	ADDA 1	HARBOR	HOSPITAL	CENTER	BAL	TIMORE		
	APR 5 1990	Julia Davidoor	NATURE 2		<u> </u>				

TO BE COMPLETED BY FUNERAL DIRECTOR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR 1 - STATE REGISTRAR	STATE OF M				OF HEALTH		MENTAL HYGIENI REG. NO.	E		
1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF DEATH			3. TIME OF DEATH
Martha Jane U	THBROCK						MONTH DA	Y	90	4:50Pm M
4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. la:	st birthday)	IF UNDER	1 YEAR IF UNDE	ER 24 MRS.	7. DATE OF BIRTH		S. BIRTHP	LACE (State or Foreign
147-16-6668	1 🗌 M 2 💢 F	75	YRS.	MONTHS	DAYS HOURS	MIN.	April 19,	1914	New	Jersey
9e. FACILITY NAME (If not institution, give a	treet end number)			9b. CITY	TOWN OR LOCAT	TION OF DI	EATH	9c. COU	NTY OF DE	ATH
Ravenwood Luther	an Home			На	gerstown	n		Was	hingt	on
RESIDENCE OF DECEDENT			_							
10e. STATE 10b. COUNT			10c, CIT		R LOCATION					10d. INSIDE CITY LIMITS?
Pennsylvania	Frankli	n		Gre	encast1					1 YES 2 NO
10e. STREET AND NUMBER					101, ZIP CO					HAT COUNTRY?
Molly Pitcher Hi					1722				USA	
11. MARITAL STATUS  1 Never Merried 2 Merried	12. WAS DECEDEN FORCES? 1	T EVER IN U.S. AF	RMED NO				NIC ORIGIN? (Specify Yes an, Puerto Rican, etc.)	or No-	14. RACE Black,	- American Indian, White, etc.
3 Widowed 4 Divorced	IF YES, GIVE V	WAR OR DATES			YES 2 NO	Specif	ly:		Specify Who	te
15. DECEDENT'S EDU	CATION	16e. Di	FCFDFNT'S	USUAL O	CCUPATION		16b. KIND OF BUS	UNESS/IND		
(Specify only highest grade	completed)	(0		work done	during most of worl	king	100.700.00			
Elementary/Secondery (0-12)	College (1-4 or 5		house	rri fo						
17. FATHER'S NAME (First, Middle, Last)			louse	WILE	18. MO	THER'S NA	AME (First, Middle, Maiden	Surneme)		
	trom						Friedman			
Frederick H. Ber	LIAM	10	b. MAILING	ADDRESS			Route Number, City or Town	n State Zic	Code)	
Virginia Mongan							agerstown,			)
20e. METHOD OF DISPOSITION					me of cemetery, on	_			City or Toy	
1 Burlal 2 Cremation 3 Rem	oval from State	other p	ilace)		ematory					Maryland
21, SIGNATURE OF FUNERAL SERVICE LI	CENSEE	- DILLE	isbul	22.	NAME AND ADDR	ESS OF FA	ACILITY	CHSD	urg,	Haryrana
1 5.x4	11	,	1	M	INNICH	FUNE	RAL HOME			
2000	nen	nue	1	۷ 4	15 E. W	ilson	n Blvd., Ha	igers	town	, Md. 21740
23. PART I. Enter the diseases, Dr shock, Dr heart failure.				nDt enter	the mode of d	lying, suc	ch as cardiac or respi	ratory sn	rest,	Approximate Interval Between
IMMEDIATE CAUSE (Finsi		200 011 00011 1111		1						Onset and Death
disease or condition resulting in death)	· Ra	norina	Down	0	maur	1				1
resulting in deathy	DUE TO	(OR AS A CONSE	EQUENCE O	1/2		50				
	e As	B. rate	sei	1	resident Voni	rut				
Sequentially list conditions, if any, leeding to immediate	DUE YO	OH AS A CONSE	QUENCE O	w 1						
cause. Enter UNDERLYING CAUSE (Disease or Injury	6			)	1					
that initiated events	DUE TO	(OR AS A CONSE	QUENCE O	P):	U					ì
resulting in death) LAST	d									1
PART II. Other significant condition	ns contributing to	death but not	resulting	in the u	nderiving cause	alven In	Part I. 24s. WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS
Aartic Sta							PERFOR			AMILABLE PRIOR TO COMPLETION DF CAUSE
A	CNVE "	4.000			-0-1-6		1 TYES 3	NO		OF DEATH?
019 000	-4 3 day 2						—			1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL	<del>,                                    </del>				28. PLACE OF	DEATH /C	heat anti-anal			
EXAMINER?	HOSPITAL:			OTHE	R:					
1 YES 2 NO	28e. DATE O	ER/Outpatient	3 LJ DOA		28c. INJURY AT	Reeldence	6 ☐ Other (Specify)  28d. DESCRIBE HOW I	N HIBY OC	CURED	
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2 Accident Investigation	200 DI ACE	OF INJURY — At h		eterat das			204 LOCATION (Street	and Mumba	a as Dumi S	house Alumbur
3 Suicide 6 Could not be 4 Homicide determined	building	, etc. (Specify)	ionie, raini,	street, Inc	tory, office		28f. LOCATION (Street City or Town, State)	ena Numbe	r or norm n	oote Nutribei,
CONSUM UNITY	-						e to the cause(e) end ma			
one) 2 MEDICAL EXAMIN	ER: On the besis of	examination end/o	r investigati	ion, in my	opinion, death oc	cured at the	e time, dete and place, er	nd due to t	he ceuse(e	end manner ee stated.
29b. SIGNATURE AND TITLE OF CENTIFIE	H -	- 0			29c. L	ICENSE NU		29d. DAT	TE SIGNED	(Month, Day, Year)
20	X	مالا	~ ~	W.	B C	01	1262	•	A+	0P 11mg
30. NAME AND ADDRESS OF PERSON W	O COMPLETED CA	SE OF DEATH (IT	EM 27) (Typ	e, Print)	W.		- /			
136 C. Yut	retain	24	190	you	etons.	m W	W ( W	In. t	4.1	Com repros
31. DATE FILED (Month, Day, Year)	32. REGISTR	AR'S SIGNATURE	2	L.						
APK 5 9U	Julia	Davidson-1	janael	6						

BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE FUNERAL DIRECTOR: After this certificate based to certificate be executed within Flours after death. Page 6 may be retained by the hospital or attending physician. To have start death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYL

bivisiones vital RECORDS, P.O. BOX 13146,

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF OEATH 3. TIME OF DEATH YEAR 27 RUTH VISCOMI 03 1990 1:05 A 8. AGE (In yrs. last birthday) 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR | IF UNDER 24 HRS 1 M 2 XF YRS. 05-17-30 Pennsylvania 98. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF GEATH 9c. COUNTY OF DEATH <u>JOHNS</u> HOPKINS HOSPITAL BALTIMORE CITY BALTIMORE RESIDENCE OF DECEDENT 10a, BTATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Anne Arundel MD Odenton 1 TES X INO 10e, STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 480 Higgins Drive 21113 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 27 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Year or No-14. RACE — American Indian, Black, Whita, etc. 1 Never Married 2 K Married If yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 TYES 2 NO Specify. 3 Widowed 4 Divorced White 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade con Elementary/Secondary (0-12) College (1-4 or 5+) 12 Grocer Grocery 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Owen A. Lanehart Lena Pittman 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) George J. Viscomi 480 Higgins Drive, Odenton, MD 21113 20s. METHOD OF OISPOSITION

to Source 2 Cremetton 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, State Our Lady of the Fields Cem. Millersville, 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Hardesty Funeral Home P.A. benul 851 Annapolis Road, Gambrill 23. PART I. Enter the diseases, or complications that caused the deeth. Do not anter the mode of dying, such as cardiec or respiratory erreat, Approximata shock, or heart failure. List only one cause on each line interval Betwe Onset and Death IMMEDIATE CAUSE (Fine) Metrotatic squapous all coranone of DUE TO (OR AS A CONSEQUENCE OF): disesse or condition no resulting in death) Squarrous coll archeme Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): if sny, laading to immediata cause. Entar UNDERLYING Hyprahema **CAUSE** (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 | YES 2 | NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one OTHER: 1 YES 2 NO petiant 2 - ER/Outpetiant 3 - DOA 4 🗆 N ng Home 6 - Residence 6 - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY 26b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 6 Pending 1 YES 2 NO Investigation 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, atc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 6 Could not be 4 Homicide 29e, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data end place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) F869> 3/27/90 WWD 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

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:	5	172 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or re	: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the med	ı
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	1 STATE REGISTRAR	STATE OF MARYLAND (	ERTIFIC		HEALTH AND F DEATH	MENTAL HYGIEN REG. NO.	E		
1 15		Capuin F. Wile		LES	7	2. DATE OF DEATH DO 3		3. TIME OF DEATH	P
		SEX 6. AGE (In yrs. Is		F UNDER 1 YEAR		7. DATE OF BIRTH (Month, Day, Year)	8.	BIRTHPLACE (State or Foreign Country)  Mary Gun	1
DR	9a FACILITY NAME (If not institution, give street	and number)		M+, F	OR LOCATION OF D		9c. COUNTY	100	11
CTC	RESIDENCE OF DECEDENT	0		TOWN OR LOC	ATION	14-11-67		10d. INSIDE CITY	77 .
DIRECTOR	Maryland Freder	ick	Kour		AIION			LIMITS?	
AL	10e. STREET AND NUMBER		1 Key		IOI. ZIP CODE		_	OF WHAT COUNTRY?	
FUNERAL	11823 Le Gore Brie				21757			S. A.	
BY FUI	1 Never Married 2 Merried	2. WAS DECEDENT EVER IN U.S. A FORCES? 1 $\boxed{2}$ YES 2 $\boxed{1}$ IF YES, GIVE WAR FOR DATES 1946 - 1947	RMED NO	If yes, s		NIC ORIGIN? (Specify Yes an, Puarto Rican, etc.) iy:	or No 14.	RACE — American Indian, Black, White, atc. Specify:	
	15. DECEDENT'S EDUCATION (Specify only highest grade com-	ION 16a, D	ECEDENT'S US	SUAL OCCUPAT	FION	16b. KIND OF BUS	SINESS/INDUST	TO TO COLO	
COMPLETED		College (1-4 or 5+)	bonor use	retired.)	Philips and Philips	C W R	annich	& Sons, Inc	1
OMP	17. FATHER'S NAME (First, Middle, Last)	LO	lborer		18. MOTHER'S N/	AME (First, Middle, Maiden		a sorts, inc	. •
EO	Vernon C. Wiles					le Mae Fox	,		
9	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or Tow			
gr.	Jesse Wiles 200. METHOD OF DISPOSITION		-	1)	owx, wax	kersville,		2 1 7 9 3	_
20.0	1 Suriel 2 Cremation 3 Removal 4 Donation 5 Other (Specify)	I from State Other E	place)	el Cemi				wn, Md.	
	21, SIGNATURE OF FUNERAL SERVICE LICENS		t Ortong.	22. NAME	AND ADDRESS OF FA	ACILITY			. 1
	Thoras (no	in Cle	00	Stau	sser tune	ral Home, Freder		possumtown F	LR
	25. PART I. Enter the diseases, or com	pplications that ceused the d		t enter the m	node of dying, aud	ch as cardiac or resp	iratory arrest	Approximata Interval Between	
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Cer	ebra	1 150	behin			Onset and De	
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CAT	cause. Enter UNDERLYING CAUSE (Disease or Injury	(0e	neal	AX	heusd	eiris			
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CAL	PART II. Other algnificent conditions of	M, Hy per A				PERFO	RMED?	24b. WERE AUTOPSY FINDIN AVAILABLE PRIOR TO COMPLETION OF CAUS	
MEDIC		La locclusin	,	7	TOVAL	1 _ YES :	NO I	OF DEATH?	
	(1) Lene	MA I B CC. COVI	MIL	ey,		-		1 YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				PLACE OF DEATH (C	heck only one)			
YSIC	1 U YES 2 NO 1	OSPITAL:  Inpatient 2 ER/Outpatient	3 DOA 4			6 Other (Specify)			
	27. MANNER OF DEATH  1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	RY V	NJURY AT WORK?	28d. DESCRIBE HOW	INJURY OCCUP	RED	
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TED	4 Homicide 6 Could not be detarmined	building, etc. (Specify)				City or Town, State			
COMPLETED	enel	N: To the best of my knowledge, on the basis of examination and/o							d.
E C	29b. SIGNATURE AND TITLE OF CERTIFIER	1			29c. LICENSE NU	JMBER	29d. DATE S	IGNEO (Month, Day, Year)	
TO BI	Meluntus	Lul) =			D06	188	> 3	127/90	
F	30. NAME AND ADDRESS OF PERSON WHO CO	LON MD	2000(	Print) Cewt	ary P	lara Ca	olum	.6 10 Mily	/
	31. DATE FILED (MOTHIN, Day, Your)	32. REGISTRAR'S SIGNATURE	182						

DNMH-16 Rev 1/89

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the hospital or attending physician. ND 21203-3146

FOR

FOR STATE REGISTRAR	STATE OF MARYL	CERTIFIC	CATE OF	DEATH	1	REG. NO.			
1. DECEDENT'S NAME (First, Middle, Las Doro th 1	Dorborothy Vila	Virginia.	Willia	ıms	2. DATE OF MONTH	DEATH DAY	YEAR 9'D		
4. SOCIAL SECURITY NUMBER 212-38-5916	1 🗆 M 2 🗡 F 7	8 YRS.	ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, D Aug	lone Moura	.1 Mai	RTNPLACE (State or Foreign sunity) ryland	
98. FACILITY NAME (If not institution, give Moncevue Nursin		•	96. CITY, TOWN OR LOCATION OF DEATH Frederick				9c. COUNTY OF DEATH Frederick		
	10b. COUNTY 10c. CI			ry, town or location  Frederick					
Maryland  100. STREET AND NUMBER	Frederick	F		ZIP CODE		10g	. CITIZEN C	★₩ YES 2 NO	
300 MOtter Avenu	12. WAS DECEDENT EVER IN			21701 ENDENT OF HISPAN			o— 14. R	S . A . ACE — American Indian,	
1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES			2 NO Specify		an, etc.)	11.5	Iteck, White, etc.	
15. DECEDENT'S EI (Specify only highest gra Elementary/Secondary (0-12)	DUCATION ide completed)  College (1-4 or 5 +)	16a. DECEDENT'S US (Give kind of wor life. Do NOT use i	SUAL OCCUPATION done during most retired.)	ON st of working	16b. KI	IND OF BUSINES	S/INDUSTR	Y WRITE	
17. FATNER'S NAME (First, Middle, Last)		Sales (	Clerk	18. MOTHER'S NA				nnets Dept S	
John Christian	Younkins		DDDDGG TO	Grace 1					
Gary Williams		232 Cha	alledon	Drive, I		sville	, Md.	21793	
20a. METHOD OF DISPOSITION  1 Burial 2 Cremation 3 Re 4 Donation 5 Other (Specify)	amoval from State	Brownsvil				Brown:		e, Md.	
4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE	LICENSEE On	0		ADDRESS OF FA	1			ntown Pike	
21. SIGNATURE OF FUNERAL SERVICE  ART DE SERVICE  23. PART I. Enter the disesses, of	e. Cencer 4	f Pan	Stauff	er Funer	al Hon	ne Fre	deric	Approximate interval Between Onset and Death	
23. PART I. Enter the disesses, or shock, or heert fellur immediate CAUSE (Final disesse or condition	e	d the desth. Do not sech line.  CONSEQUENCE OF:  A CONSEQUENCE OF:	Stauffe t enter the mo	er Funer	al Hon	ne Fre	deric	Approximete interval Between	
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BALTIMOBE MARYLAND 21203-3146	retained by the hospital or attending physician.	5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours atterned to the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the line signed within 72 hours after death with the State Deat of Health and Mental Hydiene prior burial, cremation, or remove	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical manner man another at once.

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	FOR STATE OF MARYLANG	D / DEPAR CERTIF		OF H	EALTH AND I	MENTAL HY	0.00	/02/	11302
	1. DECEOENT'S NAME (First, Middle, Last)  A. SOCIAL SECURITY NUMBER  3. SEX  6. AGE (In yrs 2)  3. $\square$ M 2 $\square$ F	MI-f Last birthday)  7 YRS.	IF UNDER	1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	2. DATE OF DI MONTH  7. DATE OF BII (Month, Day,	25	90	D. TIME OF DEATH  10, 21 Pm  LACE (State or Foreign  Land
TOR	9a. FACILITY NAME (If not institution, give street and number)  Greater Laurel-Beltsville Hospi RESIDENCE OF DECEDENT	tal	Law		R LOCATION OF DE	ATH /		CE GE	
DIRECTOR	100. STATE 106. COUNTY  Maruland Howard	1,000	10c. CITY, TOWN OR LOCATION					IOd. INSIDE CITY LIMITS? I YES 2 X NO	
FUNERAL	100. STREET AND NUMBER 36 Midway Avenue			2	ZIP CODE 20723			u.s	
B	11. MARITAL STATUS  1 Never Married 2 Merried  3 Widowed 4 Divorced  12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	XNO	H	yes, sp	ENDENT OF HISPAN ecity Cuban, Mexica 2 NO Specify	n, Puerto Rican,		14. RACE - Black, Specify. Whit	- American Indien, White, etc.
COMPLETED	(Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5 +)	Give kind of w	vork done d ie retired.)	CUPATIO Juring mo	N at of working	5-020	OF BUSINESS/IND	DUSTRY	
	Grade 7  17. FATHER'S NAME (First, Middle, Lest)  Richard Claudie Hall	<u>lous ewi</u>	se_		16. MOTHER'S NA		Malden Surname)	······	
TO BE	190. INFORMANT'S NAME (Typo/Print)  John R. Hall	PLACE STREET			nd Number or Rural P	Route Number, Cli	y or Town, State, Zip		1228
A	20a_METHOD OF DISPOSITION 1 \( \) \(		r Cem	no of cor	netery, crematory or		20c. LOCATION —	City or Tow	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	-6-	D	ona	ldson Fu Lason Fu Talbott	neral H			nd 20707
	23. PART I. Enter the dispases, or complicatione that caused the shock, or heart failure. List only one cause on each IMMEDIATE CAUSE (Final disease or condition resulting in death)  s. CONGEST	line.						reet,	Approximete interval Between Onset and Death
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MEDICAL	ASTHMATIC BRONCHITIS		In the un	derlyin	g cause given in		WAS AN AUTOPSY PERFORMED? YES 2 NO		WERE AUTOPSY FINDINGS AMAILABLE PRIDR TO COMPLETION DF CAUSE DF DEATH?  1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERREO TO MEDICAL  EXAMINER?  1   YES 2   NO   1   Yinpettent 2   ER/Outpette	nt 3 🗆 DOA	OTHER 4   Num	1:	ACE OF DEATH (Ch		offu)		
ву РНҮ	27. MANNER OF OEATH  1 Netural 5 Pending (Month, Day, Year)  2 Accident Investigation	28b. TIM		28c. IN.	URY AT PRK? YES 2 NO		E HOW INJURY OC	CURED	
ETED	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — building, etc. (Specify)	At home, farm,	street, fact	ory, offic	•	26f. LOCATION City or Tox	(Street and Number vn, State)	r or Rural Ro	oute Number,
COMPL	29e. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On the best of my knowledge one)								end menner es stated.
TO BE O	296. SIGNAFIJAE OND TITLE OF CENTRIER				29c, LICENSE NUI	MBER 35	29d. DAT	3/26	Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH  31. DATE FILED (MONTH AND 18 90 32. REGISTRAR'S SIGNATURE)  32. REGISTRAR'S SIGNATURE OF DEATH AND SIGNATURE OF DEATH OF DEATH AND SIGNATURE OF DEATH	RINCE			E STR	FET			

a Arman and the arman and a second

BALTIMORE, MARYL

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	1 - FOR STATE REGISTRAR	STATE OF M					DEATH	HEITIAL	REG. NO.					
,	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE O	F DEATH DA		YEAR	3. TIME OF DEATH		
1	Wilbert	Wilbert Solomon Willey										2:20PM	М	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	"  -	IF UNDER 1		IF UNDER 24 HRS.	7. DATE OF	BIRTH	0		IPLACE (State or Foreign	ın	
	213-22-9448	XX M 2 - F	72	YRS.	MONTHS	DAYS	HOURS MIN.	July	26, 1	917	Countr	arvland		
1	9a. FACILITY NAME (If not institution, give atm	set and number)		- 0	9b. CITY, 1	O MWO	R LOCATION OF DE			9c. COUN				
돈	PO Box 54				Chu	arch	Creek			Dorc	hest	ter County	v	
2	RESIDENCE OF DECEDENT			=										
11	10a. STATE 10b. COUNTY	10c. CITY,	TOWN OR							10d. INSIDE CITY LIMITS?				
ב	Maryland Dorc		Chui		Creek					1 TES W NO	•			
<b>3</b>	100. STREET AND NUMBER 1915 Church Cr	ool- Don	a				21622			10g. CITIZ	EN OF V	VHAT COUNTRY?		
FUNERAL											US			
5	11. MARITAL STATUS  1 Never Married X Married	12. WAS DECEDENT FORCES? 1X	EVER IN U.S. AF	MED NO			ENDENT OF HISPAN city Cuban, Maxica			or No-	14, RACE Black	E — American Indian, k, White, atc.		
2	3 Widowed 4 Divorced	Apr 194	AR OR DATES			YES	2 X NO Specify	<b>/:</b>			Speci	"White		
100	15. DECEDENT'S EDUC			ECEDENT'S U		MIDATIO	AI	16h I	IND OF BUS	INESS/INDI	ISTOV			
EIED	(Specify only highest grade of	completed)	(G	live kind of wo Do NOT use	ork done du retired.)	ring mos	t of working	100.	anto or Boo	III COSTIII C	7.51111			
2	Elementary/Secondary (0-12)	College (1-4 or 5+)	St	ate	Empl	oye	ee							
COMPL	17. FATHER'S NAME (First, Middle, Last)						18. MOTHER'S NA	ME (First, Mir	ddle. Maiden	Sumame)				
	Solomon Rast	all W	illey				Edit		Insi					
20	19s. INFORMANT'S NAME (Type/Print)			b. MAILING	ADDRESS (	Street a	nd Number or Rural I				Code)		_	
2	Rose Erma Will	ev					1 Churc					622		
	20s. METHOD OF DISPOSITION	,	20b. PLACE				etery, crematory or					r Town, State		
ı	1 M Burial 2 Cremation 3 Ramo 4 Donation 6 Jother (Specify)	val from State	other p	(ace)			Cemeter	7.5		clock		•		
1	21. SIGNATURE OF TWEET L SERVICE LICE	ENSEE	I III.	V C C			D ADDRESS OF FA	CILITY						
	Thomas Funeral											_		
	yen wy	men			700							ld. 2161.	3	
	23. PART I. Enter the diseases, or ci shock, or heart feilure. L	omplications that	caused the de	eath. Do no	ot enter t	he mo	de of dying, suc	h es cardi	sc or respi	ratory sm	et,	Approximate interval Betw		
ŀ	IMMEDIATE CAUSE (Final	,										Onset and D		
	diseese or condition resulting in deeth)	Shotgur	n wounds	s of h	nead	and	neck							
		DUE TO	OR AS A CONSE	OUENCE OF	):		-							
Z	Sequentially list conditions, Tb.													
≝	If any, leading to immediate	DUE TO (	DUE TO (OR AS A CONSEQUENCE OF):											
If any, leading to immediate cause. Enter UNDERLYING														
CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF):														
Ĭ	that initiated events	DUE TO (	OR AS A CONSE	OUENCE OF	):									
ш		DUE TO	(OR AS A CONSE	OUENCE OF	):		18 3			-				
ш	that initiated events	1.				lertying	j cause given in	Part i.	24s. WAS AN	AUTOPSY	246	. WERE AUTOPSY FIND	INGS	
ICAL CERTIFICATION	that initiated events resulting in death) LAST	1.				lertying	j cause given in		PERFOR	MED?	246	AVAILABLE PRIOR TO COMPLETION DF CAUS		
L CE	that initiated events resulting in death) LAST	1.				lertying	g cause given in			MED?	24b	AWAILABLE PRIOR TO COMPLETION DF CAUS OF DEATH?		
MEDICAL CE	that initiated events resulting in death) LAST	1.				lertying	j cause given in		PERFOR	MED?	24t	AVAILABLE PRIOR TO COMPLETION DF CAUS		
MEDICAL CE	that initiated events resulting in death) LAST	1.						x	PERFOR	MED?	24t	AWAILABLE PRIOR TO COMPLETION DF CAUS OF DEATH?		
MEDICAL CE	PART II. Other significant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	s contributing to	death but not	resulting in	on the und	26. PL	ACE OF DEATH (Ch	eck only one	PERFOR	MED?	241	AWAILABLE PRIOR TO COMPLETION DF CAUS OF DEATH?		
MEDICAL CE	PART II. Other significant conditions  25. WAS CASE REFERRED TO MEDICAL	B contributing to  HOSPITAL: 1   Inpetient 2   28e. DATE OF	death but not	resulting in	OTHER:	26. PL: ng Hom 28c. INJ	ACE OF DEATH (Ch XX Residence	eck only one	PERFOR	MED?		AWAILABLE PRIOR TO COMPLETION DF CAUS OF DEATH?		
ш	PART II. Other significant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  27. MANNER OF DEATH  1 Netural 5 Pending	HOSPITAL:	death but not	resulting in	OTHER:	26. PL: ng Hom 28c. INJ	ACE OF DEATH (Ch  XX Residence UNIVERSITY AT	eck only one  6 Other  28d, DESC	PERFOR	MED?	CURED	AWAILABLE PRIOR TO COMPLETION DF CAUS OF DEATH?		
BY PHYSICIAN: MEDICAL CE	PART II. Other significant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  27. MANNER OF DEATH  1 Netural 5 Pending 1 Accident Investigation	HOSPITAL:   Inpatient 2   28e. DATE OF 3   3   3   5	DER/Outpatient :	resulting in	OTHER:	26. PL: ng Hom 28c. INJ WO	ACE OF DEATH (Ch a XX Residence URY AT RK? YES 2XXNO	6 Other 28d. DESC Self	PERFOR	MED?  NO  NJURY OCC  1Cted	CURED CO Burnel	ANAILABLE PRIOR TO COMPLETION OF CAU- OF DEATH?  12 Ses 2 NO		
BY PHYSICIAN: MEDICAL CE	PART II. Other significant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  27. MANNER OF DEATH  1 Netural 5 Pending	HOSPITAL:    Inpatient 2     28e. DATE 0     28e. PLACE 01	death but not	resulting in	OTHER: 4   Numble E OF URY M	26. PL: ng Hom 28c. INJ WO	ACE OF DEATH (Ch a XX Residence URY AT RK? YES 2XXNO	6 Other 28d. DESC Self	PERFOR	MED?  NO  NJURY OCC  1Cted	CURED CO Burnel	ANAILABLE PRIOR TO COMPLETION OF CAU- OF DEATH?  12 Ses 2 NO		
TED BY PHYSICIAN: MEDICAL CE	PART II. Other significant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  27. MANNER OF DEATH  1 Netural 5 Pending Investigation  2 Accident  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	HOSPITAL:    Impatient 2   28e. DATE OF 3   28e. PLACE Of building.	DER/Outpatient : INJURY DEPART At hetc. (Specify)	3 DOA 28b. TIME INJU	OTHER: 4   Nursi	26. PL: ng Hom 28c. INJ WO 1 \[ \] \rac{1}{2} \rac{1}{2	ACE OF DEATH (Ch XX Residence URY AT RICT (ES 2XXNO	6 Other 28d. DESC Self 28t. LOCA	(Specify) PRIBE HOW II Infl TION (Street a Town, State) OX 54	MED?  NO  NUMBY OCCICTECT  And Number  Chi	cured or Rural arch	ANAILABLE PRIOR TO COMPLETION OF CALL OF DEATH?  12 Ses 2 No  Route Number,  Creek,	SE	
TED BY PHYSICIAN: MEDICAL CE	PART II. Other significant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  27. MANNER OF DEATH  1 Natural 5 Pending 1 Natural 5 Pending 2 Accident  2 Accident  2 Accident  2 Accident  2 CERTIFIER (Check only)  1 CERTIFYING PHYSIC	HOSPITAL:  1   Inpetient 2    28e. DATE OF Month of building.	DER/Outpetlent :  INJURY — At hetc. (Specify)  my knowledge, d	Tesulting in 3 DOA 28b. TIME INJU	OTHER: 4   Nursi	26. PL: ng Hom 28c. INJ WO 1  \[ \] \\ ry, office ne, date	ACE OF DEATH (Ch  XX Residence  XX Residence  XX Residence  XX Residence  XX NO  ACE S 2X NO  and place, and due	6 Other 28d, DESC Self 281, LOCA POly one	PERFORM (Specify) RIBE HOW II INfl ION (Street & Town, State) OX 54 ESTEP (6) and mair	MED?  NO  NURY OCC  ICTEC  and Number  Chu	or Rural	ANALABLE PRIOR TO COMPLETION DF CAUSOF DEATH?  12246 2 No  Route Number,  Creek,  Maryland	SE	
IED BY PHYSICIAN: MEDICAL CE	PART II. Other significant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  27. MANNER OF DEATH  1 Netural 5 Pending Investigation  2 Accident  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	HOSPITAL:    Inpatient 2   28e, DATE OF SHOOTH OF SHOTH OF SHOTH OF SHOOTH OF SHOOTH OF SHOOTH OF SHOOTH OF SHOOTH O	DER/Outpetlent :  INJURY — At hetc. (Specify)  my knowledge, d	Tesulting in 3 DOA 28b. TIME INJU	OTHER: 4   Nursi	26. PL: ng Hom 28c. INJ WO 1  \[ \] \\ ry, office ne, date	ACE OF DEATH (Ch EXM Residence USY AT RK? ES 2XXNO  and place, and due eath occured at the	6 Other 2ed, DESC Self, Loca PO'E DOTCh to the cause	PERFORM (Specify) RIBE HOW II INfl ION (Street & Town, State) OX 54 ESTEP (6) and mair	NJURY OCC ictec ictec ind Number , Chi	or Rural	ANAILABLE PRIOR TO COMPLETION OF CALL OF DEATH?  12 Ses 2 No  Route Number, Creek, Maryland  a) and manner as state	SE	
E COMPLETED BY PHYSICIAN: MEDICAL CE	PART II. Other significant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  27. MANNER OF DEATH  1 Natural 5 Pending 1 Natural 5 Pending 2 Accident  2 Accident  2 Accident  2 Accident  2 CERTIFIER (Check only)  1 CERTIFYING PHYSIC	HOSPITAL:    Inpatient 2   28e, DATE OF SHOOTH OF SHOTH OF SHOTH OF SHOOTH OF SHOOTH OF SHOOTH OF SHOOTH OF SHOOTH O	DER/Outpetlent :  INJURY — At hetc. (Specify)  my knowledge, d	Tesulting in 3 DOA 28b. TIME INJU	OTHER: 4   Nursi	26. PL: ng Hom 28c. INJ WO 1  \[ \] \\ ry, office ne, date	ACE OF DEATH (Ch  a XX Residence USY AT RIC? TES 2X NO  and place, and due eath occured at the	6 Other 2ed, DESC Self, Loca PO'E DOTCh to the cause	PERFORM (Specify) RIBE HOW II INfl ION (Street & Town, State) OX 54 ESTEP (6) and mair	NJURY OCC ictec ictec ind Number , Chi	or Rural	AMAILABLE PRIOR TO COMPLETION DE CAU- OF DEATH?  1226 2 No  Route Number, Creek, Maryland a) and manner as state O (Month, Day, Year)	SE	
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BE COMPLETED BY PHYSICIAN: MEDICAL CE	PART II. Other significant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation  29. CERTIFIER (Check only one)  29b. SIGNATURE AND TITLE OF CERTIFIER  30. NAME AND ADDRESS OF PERSON WISC	HOSPITAL:  1   Inpatient 2    28e. DATE Of building, (  CIAN: To the best of ax  COMPLETED CAUS	DER/Outpatient : INJURY (Specify) F INJURY — At hetc. (Specify) my knowledge, disamination and/or	Tesuiting in a particular property investigation (Type,	OTHER: 4 Nursi E OF WHY M  treet, factor RC  det the fin	26. PL	ACE OF DEATH (Ch  XXX Residence URY AT RICY (ES 2XXNO  and place, and due eath occurred at the  29c. LICENSE NUI	6 Other  28d, DESC Self  28t, LOCA PO E  DOTCH to the cause	(Specify) RIBE HOW II Infl TION (Street is Town, 5gte) OX 54 (ester) (ester) (ester)	MED?  NO  NJURY OCC  ICTEC  and Number  Chi  Colit  Colit  29d. DATE	or Rural	AMAILABLE PRIOR TO COMPLETION DF CAUSOF DEATH?  1256 2 NO  Route Number, Creek, Maryland  a) and manner as state  (Month, Day, Year)  1-90	ed.	
Y PHYSICIAN: MEDICAL CE	PART II. Other significant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  XXXVES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending 1 Netural 5 Pending 2 Accident XXXVEDicide 6 Could not be determined  29a. CERTIFIER (Check only one)  29b. SIGNATURE AND TITLE OF CERTIFIER  30. NAME AND ADDRESS OF PERSON WICK AND M. DIXON, M.	HOSPITAL:    Impelient 2   28e. DATE OF 3/Month Date of building. (CIAN: To the best of Et On the besis of ax	DER/Outpatient :  INJURY — At hetc. (Specify)  my knowledge, deamination and/or	Tesulting in a post of the second of the sec	OTHER: 4   Nursi E OF Print) Penn	26. PL	ACE OF DEATH (Ch  a XX Residence USY AT RIC? TES 2X NO  and place, and due eath occured at the	6 Other  28d, DESC Self  28t, LOCA PO E  DOTCH to the cause	(Specify) RIBE HOW II Infl TION (Street is Town, 5gte) OX 54 (ester) (ester) (ester)	MED?  NO  NJURY OCC  ICTEC  and Number  Chi  Colit  Colit  29d. DATE	or Rural	AMAILABLE PRIOR TO COMPLETION DE CAU- OF DEATH?  1226 2 No  Route Number, Creek, Maryland a) and manner as state O (Month, Day, Year)	ed.	
BE COMPLETED BY PHYSICIAN: MEDICAL CE	PART II. Other significant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation  29. CERTIFIER (Check only one)  29b. SIGNATURE AND TITLE OF CERTIFIER  30. NAME AND ADDRESS OF PERSON WISC	HOSPITAL:    Impelient 2   28e. DATE OF 3/Month Date of building. (CIAN: To the best of Et On the besis of ax	DER/Outpatient : INJURY (Specify) F INJURY — At hetc. (Specify) my knowledge, disamination and/or	Tesulting in a post of the second of the sec	OTHER: 4   Nursi E OF Print) Penn	26. PL	ACE OF DEATH (Ch  XXX Residence URY AT RICY (ES 2XXNO  and place, and due eath occurred at the  29c. LICENSE NUI	6 Other  28d, DESC Self  28t, LOCA PO E  DOTCH to the cause	(Specify) RIBE HOW II Infl TION (Street is Town, 5gte) OX 54 (ester) (ester) (ester)	MED?  NO  NJURY OCC  ICTEC  and Number  Chi  Colit  Colit  29d. DATE	or Rural	AMAILABLE PRIOR TO COMPLETION DF CAUSOF DEATH?  1256 2 NO  Route Number, Creek, Maryland  a) and manner as state  (Month, Day, Year)  1-90	ed.	

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and the manufacture of strength of the law committee that dough and force to available to a securited within 25 ments.	2	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely miled in by	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or ren	IMPORTANT: If item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medi-
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31. DATE FILED (Month, Day, Year)

APR 02

	500							_		1100		
	FOR STATE REGISTRAR	STATE OF MARY				EALTH AND N DEATH	MENTAL HYGIEN REG. NO.	E				
	1. DECEDENT'S NAME (First, Middle, Lest)  Kelly	. Lị	ynn	W	indsc	or	2. DATE OF DEATH MONTH 3-31-90	YEAR 3.	1:30AM	м		
	4. SOCIAL SECURITY NUMBER 219-70-8768	1½ M 2 🗆 F	GE (In yrs. last birthd	MONTHS	DAYS	IF UNDER 24 HRS. HOURE MIN.	7. DATE OF BIRTH (Month, Day, Year) 06/12/1960	.	s. BIRTHPLACE (State or Foreign Country) MARYLAND			
OR	98. FACILITY NAME (If not institution, give str 3434 Rt. 2, Beaver Nec	reet and number) k Village 1	Road	9b. CIT		LOCATION OF DE	ATH	9c. COUNT Dorch		r County	У	
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY  MARKET AND	RCHESTER	10c.	CAMBR		ON			"	d. INSIDE CITY LIMITS?		
	10e. STREET AND NUMBER			CAMBR		ZIP CODE			N OF WHA	T COUNTRY?		
BY FUNERAL	3434 BEAVER NECK  11. MARITAL STATUS 1 Never Merried 2 X Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 YI IF YES, GIVE WAR OF	R IN U.S. ARMED ES 2 NO	13	If yes, spe		IC ORIGIN? (Specify Yea n, Puarto Rican, etc.)		Black, V Specify:	American Indian, Thite, etc.		
0	15. DECEDENT'S EDUC (Specify only highest grade	completed)	18a. DECEDEN (Give kind iffe. Do NO	NT'S USUAL of d of work done OT use retired.	e during mos		16b. KIND OF BUS	SINESS/INDU		E/CAUC.		
-	Elementary/Secondery (0-12)  11th grade  17. FATHER'S NAME (First, Middle, Last)	College (1-4 or 5+)	MAC	HINIS	T	18 MOTHER'S NAI	FARM E		ENT			
BE CO	SHELDON WINFIEL	D WINDSOR	1 40 110	100 10005	22 (2)	DOROTHY	LEE SHO	ORT	2-4-1			
0	196. INFORMANT'S NAME (Type/Print)  196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  3434 BEAVER NECK VILLAGE ROAD, CAMBRIDGE											
	20s. METHOD OF DISPOSITION  1 Durisi 2 Cremeiton 3 Removal from State  4 Donation 5 Other (Specify)  20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or other place)  EAST NEW MARKET CEMETERY  EAST NEW MARKET, MD.											
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE MOO 718  22. NAME AND ADDRESS OF FACILITY  CURRAN FUNERAL HOME  308 HIGH STREET, CAMBRIDGE, MD.											
	23. PART. Enter the degrees, or complications that caused the death. Do not enter tha mode of dying, such as cerdisc or respiratory errest, ehock, or heert feliure. Liet only one cause on each line.  IMMEDIATE CAUSE (Final											
	disease or condition Smoke and soot inhalation  Due to (or as a consequence of):											
ATION	Sequentielly list conditions, If sny, leading to immediate cause. Enter UNDERLYING											
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST											
PHYSICIAN: MEDICAL C	PART ii. Other eignificant conditions contributing to deeth but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED?  XXIVES 2 \( \triangle \) NO  XXIVES 3 \( \triangle \) NO											
CIAN: N	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					ACE OF DEATH (Ch	eck only one)					
HYSIC	XMXES 2 □ NO 27. MANNER OF DEATH	HOSPITAL: 1 Inpetient 2 ER/0 28s. DATE OF INJU		OTHI			28d. DESCRIBE HOW INJURY OCCURED					
ВУ Р	1 Natural 5 Pending 2000 Proteins Investigation	(Month, Day, Yei 3-30-90 26s. PLACE OF INJ	11	:20PM	1 🗆 Y	RK? ES XXXNO	Victim of	trail	ler f			
ETED	3 Suicide 6 Could not be 4 Homicide determined	building, atc. (	Specify)	ome	ictory, orner		Rt chy 2 mea	ver Ne r Cour	ck V	illage I Maryland	Rd.	
COMPLET	One)	CIAN: To the best of my k								nd manner se state	led.	
BE	29b. MENATURE AND TITLE OF CHANFIER	Mule	,			29c. LICENSE NUI	MBER		SIGNED (A	fonth, Day, Yber)		
5	30. NAME AND ADDRESS OF PERSON WH MARGARITA A. KOR		DEATH (ITEM 27)		1 Pen	n Street	,Baltimore	e,MD 2	21201		VC	

32. REGISTRAR'S SIGNATURE

Mandelle

Im detached for use as the burial-transit permit. Pages 1, 2, 3 should w the hospital or attending physician. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 1 may 1 miles to detach to THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral dimension. The following the following

AND 21203-3146

2 8 1990

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

1 - STATE REGISTRAR		STATE OF MA		UEPAKI ERTIFI				WENIA	REG. NO.	Ė					
1. DEDEDENT'S HAM	(First, Middle, Lade)	MACL	TANSY	L. W	OMACK			2. DATE	E OF DEATH	<i>'</i> 4	YEAR 9 0	3. TIME OF OEATH			
4. SOCIAL SECURITY 212-18-78	Contraction of the Contraction o	5. SEX 1  M 2  F	EAR IF UI	IDER 24 HRS.	7. DATE (Mon 12	E OF BIRTH hth, Day, Year)		8. BIRTHPLACE (State or Foreign Country) MARYLAND							
9e, FACILITY NAME		•			9b. CITY, TO	OWN OR LO	ATION OF DE			9c. COUN					
ANNE ARU		ICAL CENTE	ER		ANN	APOLI	S			ANNE	ARUI	NDEL			
10a. STATE	10b. COUNT	γ		10c. CITY,	TOWN OR I	LOCATION						10d. INSIDE CITY LIMITS?			
MARYLAND		NE ARUNDEI		AN	NAPOL:	Y						1 YES 2 NO			
3 EDGEWO	OD GREEN	CT.			2140				U.S		HAT COUNTRY?				
11. MARITAL STATUS 1 Never Married 3 XXWIdowed 4	2 Married	12. WAS DECEDENT FORCES? 1 [ IF YES, GIVE WA	YES 2 💢	RMEO NO	If ye	s, specify,	T OF HISPAN Suban, Maxica NO Specify	n, Puarto	IN? (Specify Yea Rican, etc.)	or No-	Black, Specify	— American Indian, White, etc. :: LACK			
	15. DECEDENT'S EDU city only highest grad indary (0-12)		(C	ECEDENT'S Give kind of we b. Do NOT use HOMEM	ork done duri retired.)		orking	16	b. KIND OF BUS	BINESS/INDU					
17. FATHER'S NAME WILLIAM	First, Middle, Last) W. JOHNS	ON		nonzn			OTHER'S NA		Middle, Malden	Surname)		1			
194. INFORMANT'S P STANFORD									oLIS, N						
20a. METHOD OF DI 1 ∑ Burial 2 □ C 4 □ Donation 5 □	remetion 3 - Ren	noval from State	other p	OF DISPOSI Mace) LAWN	MEM.	PARK			ANN	CATION — C	IS. N	4D. 21401			
21. SIGNATURE OF F	UNERAL SERVICE LI	CONSEE	<b>→</b>						21 WEST			APOLIS, MD.			
IMMEDIATE CAUS disease or condi- resulting in deati Sequentially list if any, leading to cause. Enter UNI CAUSE (Disease that initiated eve- resulting in deet	conditions, immediate DERLYING or Injury nts	DUE TO (	OR AS A CONSE	EOUENCE OF	):	VCjã	1					Onset and Death			
PART II. Other si	gnificent condition	ons contributing to	death but not	resulting l	n the unde	erlying ceu	se given in	Part I.	24a. WAS AN PERFOR 1 TYES 2	RMED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO			
25. WAS CASE REFE EXAMINER?	25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1														
27. MANNER OF DEA	27. MANNER OF DEATH  28a. DATE OF INJURY (Month, Day, Year)  28b. TIME OF 18JURY (Month, Day, Year)								INJURY AT 28d. DESCRIBE HOW INJURY OCCURED WORK?  YES 2 NO						
3 Suicide 4 Homicide	S Could not be determined	28e. PLACE OF building, of	INJURY — At h	nome, farm, s	treet, factory	y, offica		28f. LC	CATION (Street ty or Town, State)	and Number	or Rural Ri	oute Number,			
29a. CERTIFIER (Check only one) 2		SICIAN: To the best of ax										and manner as stated.			
29b. SIGNATURE AN	1 Wats	l com	Du En	nus	Col	29c	LICENSE NUI	MBER	8	29d. DATE	SIGNED 2	(Month, Pay, Year) 4/56			
SPUMA	TKINS	FOR D	NENS	EM 27) (Type,	(U L12		51 F	201	VKLIV	UST	A	NN, md z			
31. DATE FILEO (Mor	th, Day, Year)	32. REGISTRAI	R'S SIGNATURE												

		FUR
1		STATE
		REGISTRAR
	_	

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE REGISTRAR		SIAIE UF I	MARTL	CER	TIFIC/					NEN IA	AL HYU							
1. DECEDENT'S NAME (First,	Middle, Last)	LEONARI		2. DATE OF DEATH					3. TIME OF			F DEATH						
Monard	, 11111	HENRI WOLLARD										YEAR 90	011	10	м			
4. SOCIAL SECURITY NUME	8. AGE (	In yrs. lest birth	YEAR	IF UNDER 24 HRS. 7. DATE OF B			E OF BIRT	OF BIRTH 8.			PLACE (Sta		n					
220-09-9488	Y	RS. MON	THE	DAYS	HOURS	MIN.		(Month, Day, Year) Dec. 18.191			Count Mary							
9a. FACILITY NAME (If not in	9b.	CITY, 1	TOWN OR	LOCATIO	ON OF DE		10	19		INTY OF D								
Washington		Нас	7020	town					T7.	1			- 1					
RESIDENCE OF DEC		-y nobpic	ul			nag	gers	LUWII					was	shing	ton		$\dashv$	
10a. STATE	10b. COUNTY			100	. CITY, TO	OWN OR	LOCATIO	ON							10d. INSIC	d. INSIDE CITY		
Maryland	Wash	ington			Hag	gers	town	1								2   NO		
10e. STREET AND NUMBER							10f. 2	ZIP CODE					10g. CIT	IZEN OF V	WHAT COUN	TRY?	$\neg$	
416 Indian	a Aven	iue					2.	1740			*		U	JSA			- 1	
11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN	U.S. ARMED		13. W	AS DECE	NDENT O	F HISPAN	IC ORIG	IN? (Speci	fy Yes	or No-		E — Americ		$\neg$	
1 Never Married 2 🔀	Merried	FORCES? 1				H	yes, spec	Ify Cuber		n, Puerto	Rican, at			Spec	k, White, ato	C.		
3 Widowed 4 Divo	rced	11 123, 0112				"		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ареспу						ite			
	EDENT'S EDU			16a. DECEDE	NT'S USU	AL OCC	CUPATION			16	b. KIND O	F BUS	INESS/IN	DUSTRY			$\neg$	
(Specify only Elamentary/Secondary (6	y highest grade	College (1-4 or 5	14	(Give kir life. Do fi	nd of work IOT use ret	done du tired.)	iring most	of working	g								1	
8	,		.,	car	man	1					rai.	1ro	ad					
17. FATHER'S NAME (First, M	liddle, Last)							18. MOTH	IER'S NAI	ME (First,	Middle, M	laiden 3	Surname)				$\neg$	
Frank W. W	ollard							Mau	de D	avi	S						- 1	
19a. INFORMANT'S NAME (	Type/Print)			19h MA	IL ING ADI	DBESS /	(Street an	d Alumber	or Rural F	Projette Alije	mhor Cltv	or Town	Stein Zi	n Codell I	agers	4	MA	
Patricia M	,,			c/o	Mrs	. L	eona	rd W	lo11a	ard.	416	It	ndia	na A	ve.,	21740	Mai	
20g. METHOD OF DISPOSIT			201	_												21/40		
1 🖾 Burial 2 🗆 Crematic	on 3 🗆 Rem	oval from State	D D	other place)	77.00								LOCATION - City or Town, State agerstown, Maryland					
4 ☐ Donation 5 ☐ Other  21. SIGNATURE OF FUNERA		PENGEE C		est na	iven	4			00.05.54	DII (T)						,		
21. SIGNATURE OF FUNERA	SERVICE LA	1		1		MINNICH FUNERALY HOME									- 1			
· 500	1011	nen	ne			41	.5 E	. Wi	1son	B1	vd.,	На	gers	town	, Md.	. 217	40	
23. PART I. Enter the d ehock, Dr h IMMEDIATE CAUSE (Fit disease or condition resulting in deeth)	eart fallure. nel	List only one can	ise on e	ach line.		enter t	he mod	e of dyl	ng, sucl	h as ca	rdiec or	respl	retory ar	rest,	Inte	proximate erval Betw set and D	reen	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERCHING CAUSE (Disease or injury that initiated events resulting in death) LAST  OUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):																		
PART II. Other significa					ting in t	he und	lerlying	ceuse g	given in	Part I.		AS AN	AUTOPSY	241	WERE AUT	OPSY FINDS	INGS	
CHRONIC	RE.	MAL F	2A16	· レれた							1		Ø-190			ION DF CAU	SE	
													3			2   NO	- 1	
															,		- 1	
25. WAS CASE REFERRED 1	O MEDICAL						28. Pl 4	CE OF D	EATH (Ch	eck anly	one)							
EXAMINER?		HOSPITAL:	Tenen.			THER												
1 YES 2 NO		1 (2 Tripatient 2 )			b. TIME O	_	ing Home		sidenca	_	Her (Specifi ESCRIBE		u many A	VOLIDEO.			$\dashv$	
A .	Pending	(Month, I		26	INJURY		WOR	IK?	7	200.0	EŞUHIBE	now li	AJURT O	CONED				
2 Accident	Investigation							ES 2	NO									
	Could not be		OF INJURY atc. (Spe	<pre>/ — At home, ( clfy)</pre>	larm, stree	rt, facto	ry, office			281. LOCATION (Street and Number or Rural Route Number, City or Town, State)							- 1	
4 Homicide	determined																	
		ICIAN: To the best of													a) and man	ner aa state	ed.	
295. SIGNATURE AND TITLE																	-	
Eli	1601	a, Mo	5					ava LICI	LIVE NUI	MBER			≥ 4-2-9○					
30. NAME AND ADDRESS O	C 0500011 1111	10.001101.5550.011		ATU desa	/A	-43												
BLI RO	7 /A	M 9	WA	SHOTEM 27	G TE	m()	68	DUN	74	+	101	ni	TA	4				
31. DATE FILED (Month, Day,		32. REGISTR			- 1						~		•					

grava Navidson-Yandala

BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTIOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direction, page 5 should be detached for use as the burial-transition of filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1	STATE REGISTRAF

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR		OIAIL OI II	irui L	CERTI	FIC/	ATE O	F DEATH	RE	G. NO.			
1. DECEDENT'S NAME (First	, Middle, Last)							2. DATE OF D	EATH D		VEAD	3. TIME OF DEATH
EARL	I	F. WE	ATHE	RS				MARCH	26,	, 19	990°	11:50 P. M
4. SOCIAL SECURITY NUMI	BER	5. SEX	8. AGE (Ir	n yrs. last birthday	) IF t	UNDER 1 YEAR		7. DATE OF BI (Month, Day)	Year)		Count	IPLACE (State or Foreign
426-03-6414		1 XM 2 - F		70 YRS.		THS DATE	HOURS MIN.	SEPT.	5, 1	1919	MIS	SSISSIPPI
9a. FACILITY NAME (If not in	stitution, give	street and number)			9b.	CITY, TOW	N OR LOCATION OF D	EATH		9c. COL	INTY OF D	EATH
SUBURBAN H	OSPITA	AL .				]	BETHESDA				MON	TGOMERY
10a. STATE	10b. COUNT	Υ		10c. C	ITY, TO	WN OR LO	CATION					10d. INSIDE CITY LIMITS?
MARYLAND	MC	ONTGOMERY			SIL	VER	SPRING					1 YES 2 NO
100. STREET AND NUMBER		AVENUE					10f. ZIP CODE	902		10g. CIT	IZEN OF V	WHAT COUNTRY?
11. MARITAL STATUS		12. WAS DECEDEN					ECENDENT OF HISPA			or No-		E — American Indian,
1 Never Married 2 🔀 3 Wildowed 4 Dive		FORCES? 1 IF YES, GIVE W	AR OR DA	TES			ES 2 NO Specific		stc.)		Spec	k, White, etc. Hy: WHITE
15. DEC	EDENT'S EDU	CATION	W	VII	's usu	AL OCCUP	TION	16b, KINI	OF BU	SINESS/IN	DUSTRY	WILLIA
	ly highest grade		,—	(Give kind o	work i	done during ired.)	most of working		2,2			
Elementary Secondary (		4		RATE F	REI	GHT	SPECIALIS'	r Gov	ERN	MENT		
17. FATHER'S NAME (First, A							18. MOTHER'S NA	AME (First, Middle	Maiden	Surname)		
	HERS											
19a. INFORMANT'S NAME (			\	100000000000000000000000000000000000000			et and Number or Rural					
DOLORES P.		ERS (WI	-	_				SILVER				RYLAND 20902
20a. METHOD OF DISPOSITING Burlat 2 Cremation 5 Other	on 3 🗆 Ren	novel from State		other place)			CEMETER	y				RYLAND
21. SIGNATURE OF POSERA	AL SERVICE LI	CENSER	7 1	111	-	22. NAME	AND ADDRESS OF F	ICILITY				
1	1/-			4//			CIS J. CO					
23 PART I. Enter the d	91	- Honor	266	At and D								SP., MD 2090
shock, or t	eert failure.	List only one cau	se on ea	ich line.	) HOL I	riitei tile	mode of dying, suc	as cerdiac	or resp	matory a	rest,	Approximete interval Between
JMMEDIATE CAUSE (FI	nel			1 -		0 -	3					Onset and Death
resulting in death)	<b>→</b>	a. CAR	IOP AS A	CONSECUENCE	053:	120	> > /					
	_	10 11		1RDI	12		IFAR.	0	11			j
Sequentially list condi-	tions,	DUE TO	(OR AS A	CONSEQUENCE	OF):		VFARC	1101				-
If eny, leeding to imme cause. Enter UNDERLY	ING	. ATHE	RO	SCLE	5R	orce	- HEAR	TDI	156	LAS	3	
CAUSE (Diseese or injuthat initiated events	ury	DUE TO	(OR AS A	CONSEQUENCE	OF):							
resulting in death) LAS	ST	d										
PART II. Other signific	ant conditio	ne contributing to	donth h	ut mot requitin	en les els	ha madada	dan sauce alien la	Don't Day	MMC 44	AUTOPSY	-	b. WERE AUTOPSY FINDINGS
PART II. Other significa	ant conditio	is contributing to	Geath D	at not rasultin	y in u	ie underi	ring cause given in	Part 1. 248.	PERFO		24	AVAILABLE PRIOR TO COMPLETION OF CAUSE
		-						1	YES (	A <sup>NO</sup>		DF DEATH?
								_				1 YES 2 NO
l												
25. WAS CASE REFERRED TEXAMINER?	MEDICAL	HOSPITAL:				THER:	. PLACE OF DEATH (C			_		
1 YES 2 NO		1.25 Inputient 2 C			IME OF		INJURY AT	T		DI HITTO	OCUPED	
<b>*</b>	Pending	(Month, D			NJURY		WORK?	28d. DEŞCRIE	SE HOW	INJURY O	COMED	
2 Accident	investigation	28a PLACE C	F INJURY	— At home, fam	n etrae			28f. LOCATIO	M (Street	and Numb	er or Purel	Douds Number
4 Homicide	Could not be determined	building,	etc. (Spec	ffy)	.,	A, 10010191 0		City or To			0 1101	rouse from the
29a. CERTIFIER (Check only	TIFYING PHYS	SICIAN: To the best of	my knowl	edge, death occ	arred at	t the time, o	late and place, and du	e to the cause(a)	and ma	nner as st	sted.	
onel												a) and menner as stated.
29b. SIGNATURE AND TUTL	E OF CENTIFIE	en d	_				29c. LICENSE NU	IMBER		29d. DA	TE SIGNE	D (Month, Day, Year)
venyle	wien	roy ms					DZ	3804	5	ÞĒ	3/2	2090
30. NAME AND ADDRESS OF	VET		LVZ			11)	) sieve	5R 51	RU	VG,	NO	20901
31. DATE FILED (Month, Day,		32. REGISTRA				/						
MAR 3	30'90	64.	in Day	idron Pro	do	2.						

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit perm be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21203-3146

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FE OF	Item 28 is marked, or Item 23 shows any injury, or	1
23	E	
2	ē	1

	FOR 1 - STATE REGISTRAR	STATE OF MARYL		MENT OF H		ENTAL HYGIENI REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) Pamela France				1	April 7	h 199	3.	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YEAR		7 DATE OF BIRTH			
	218-24-1302	1 🗌 M 2 🔀 F		HONTHS DAYS	HOURS MIN.	(Month, Day, Year) Jan. 6, 19	917	Country) Virg	inia
	9a. FACILITY NAME (If not institution, give	street and number)		9b. CITY, TOWN C	R LOCATION OF DEAT		9c. COUNTY		
E I	Frederick Memori	al Hospital		Frede	erick		Fred	eric	k
5	RESIDENCE OF DECEDENT  10a, STATE 10b, COUNT	TV	40- 0177	TOWN OR LOCAT	1011				I. INSIDE CITY
DIRECTOR	Maryland Wa	10c. C11 1,	Hagers					LIMITS?	
	10e. STREET AND NUMBER				ZIP CODE		10g. CITIZEN		
FUNERAL	411 Guilford A	venue			21740			S.A.	
3	11. MARITAL STATUS	12. WAS DECEDENT EVER			ENDENT OF HISPANIC	ORIGIN? (Specify Yes		BACE -	American Indian,
BY F	1 Never Married 2 Married 3 XWidowed 4 Divorced	FORCES? 1 YES			NO Specify:	Puarto Rican, etc.)		Black, W Specify:	white
		<u> </u>			N41	1			***************************************
Œ	15. DECEDENT'S EDI (Specify only highest grad	le completed)	(Give kind of wo	SUAL OCCUPATION ork done during mo retired.)	IN st of working	18b. KIND OF BUS	INESS/INDUS	TRY	
2	Elementary/Secondary (0-12) 0-12	College (1-4 or 5+)	Cle:			Sa	ales		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAME	(First, Middle, Malden			
BE C	Floyd	Clingar	n		1	Mattie	Keys	er	
10 B	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a	nd Number or Rural Roo	ute Number, City or Town	n, State, Zip Co	de)	.17267
۴	Mrs. Pamela S.					rfordsburg			vania
	20a. METHOD OF DISPOSITION 1 Burial 2 Cremetion 3 Res	moval from Stata	b. PLACE OF DISPOSI other place)				CATION — City		
	4 Donation 8 Other (Specify)		Rest Have		D ADDRESS OF FACIL				aryland
	No Sea State	5 Bho	mall				H FUN.	EKAL	HOME
	- COOPE	1.01/011	naw			on Blvd.,			
	A CONTRACTOR OF THE PARTY OF TH	. List only one cause on a		ot entar the mo	de of dying, euch	ea cardiac or respi	ratory srrest	t,	Approximate Interval Between Onset and Death
	IMMEDIATE CAUSE (Final disease or condition		_						Onset and Death
	resulting in death)	OUE TO (OR AS	A CONSEQUENCE OF	NSEQUENCE OF):					
z	51/36 3/ nary 29(1)							20	
티	If any, leading to immediate								
2	CAUSE (Disease or injury	C. OUE TO (OR AS	A CONSEQUENCE OF						
CERTIFICATION	that initiated evente resulting in death) LAST	out to lott as	A CONSECUENCE OF	•					
		d							
CAL	PART ii. Other eignificant condition	_	_		_	art i. 24a. WAS AN PERFOR		AM	RE AUTOPSY FINDINGS AILABLE PRIOR TO
	dettust	histio	ytic	1700	140 mg	1 YES 2	□ NO		MPLETION OF CAUSE DEATH?
Σ						-		1 [	YES 2 NO
PHYSICIAN: MEDI	25, WAS CASE REFERRED TO MEDICAL			28. PI	ACE OF DEATH (Check	k only one)			
SIC	EXAMINER?	HOSPITAL:		OTHER:	e 5 🗆 Rasidenca 8	Other (Specify)			
¥	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c, INJ		28d. DESCRIBE HOW II	NJURY OCCUP	RED	
ВУР	1 Netural 5 Pending 2 Accident Investigation		1400		rES 2 NO				
	3 Suicide 8 Could not be	28s. PLACE OF INJUR building, atc. (Spe	Y — At home, farm, st	reet, factory, offic		28f. LOCATION (Street a City or Town, State)	and Number or	Rural Rout	n Number,
	4 Homicide determined								
COMPLETED	(Critica Critis)	SICIAN: To the best of my knowner: On the basis of axamination							d manner on stated
	29b. SIGNATURE AND TITLE OF CERTIFI		silve i i i i i i i i i i i i i i i i i i i	, my Opinion, c					
B	Significant and title of Centiff	7 1			29c. LICENSE NUMB		290. DATE S	MICHED (MI	onth, Day, Year)
임	30. NAME AND ADDRESS OF PERSON W	VHO COMPLETED CAUSE OF O	EATH (ITEM 27) (Type,	Print)	0146 2		7/	-//	70
	PG TRAUS	ch MD	501 0	v 256	7 64 50	Fred	mea	100	1 21701
1	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	NATURE ROY						
- 1	0.10	1.0	Barrella a Chica	VILO VIL					

	)	nit. Pages 1, 2, 3 should	
DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within its after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

١.	FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.	:
1.	DECEDENT'S NAME (First, Middle, Last)	A CHARLES THE RESERVE OF THE PARTY OF THE PA	2. DATE OF DEATH	,
	LILICII A WI	UTC	7 05	

	1. DECEDENT'S NAME (First, A		UTE						2. DATE O	DA	, 0	YEAR 3	TIME OF DEATH
	HUGH A  4. SOCIAL SECURITY NUMBER		IITE 5. SEX	8. AGE (In yrs. les	it birthday)	IF UNDER	1 YEAR	IF UNDER 24 HRS.	7. DATE 0	— <u>25</u> F BIRTH	- 7	8. BIRTHPL	ACE (State or Foreign
	213-10-7158	YRS.	MONTHS	DAYS	HOURS MIN.	09 -	28 -	1900 V	Vashi	ngton, DC			
TOR	9a. FACILITY, NAME (If not institution, give street and number)  9b. OFTY, TOWN OR LOCATION OF DEATH  PRESIDENCE OF DECEDENT  RESIDENCE OF DECEDENT										9c. COUNT	TY OF DEA	GlorgE
FUNERAL DIRECTOR	10a. STATE	10b. COUNTY	George	Ic		attsv		ION					Od. INSIDE CITY LIMITS?  XYES 2 NO
1	10e. STREET AND NUMBER	i i iiice	Geor ge	3	liye	uttsv	_	ZIP CODE			10g. CITIZ		AT COUNTRY?
IER/	3606 Hamilton							20782	U.S.A.				
BY FUN	t1, MARITAL STATUS  1 ☐ Never Married 2 ☐ M  3 ☑ Widowed 4 ☐ Divorce	T EVER IN U.S. AF YES 2	MED		If yes, sp		Mexican, Puerto Rican, etc.) Black, Whit				7-7-1		
6		DENT'S EDUCA highest grade co		16a. DE	CEDENT'S	USUAL O	CCUPATIO	ON st of working	18b. I	KIND OF BUS	INESS/INDU	JSTRY	
COMPLETED	Elementary/Secondary (0-1 12th Grade		College (1-4 or 5	+)		itter			Co	onstru	action	1	
NO	17. FATHER'S NAME (First, Mid							18. MOTHER'S NA	ME (First, Mi	ddle, Maiden			
BE (	William J. Wh		r.					Annie F					20740
2	Mr. Hervey 6	. Mach		torney)	6200	Wes	tche	nd Number or Rural I ster Par	k Dr.	#903	, Col	Llege	Park, Md.
	20s. METHOD OF DISPOSITION 1 X Burtal 2 C Commention	N 3 □ Ppinjov	nd from State	20b. PLACE other port	(ece)			netery, crematory or			CATION — C		
	4 □ Donation S □ Other:		MORE	Fort	inco		_	ery S Gasch	CILITY				aryland
	·/ aut	13/	5.1	2.									d. 20781
	23. PART I. Uniter the dis					_							Approximate Interval Between
	IMMEDIATE CAUSE (Final										Onset and Death		
	disease or condition resulting in death)  Due To (or As A Consequence of):												
z	LONGESTIVE STEPRIT PARLUKE												
ATIO	Sequentially list conditions, If any, lasding to immediate cause. Enter UNDERLYING  DUE TO (OR AS A CONSEQUENCE OF):  METRIN FATTLE CARE CLASSING OF THE LIMITS.												
IFIC	CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):												
CERTIFICATION	resulting in death) LAST d. CACHEKIA												
	PART II. Other significen	PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part 1. 24a. WAS AN AUTOPSY PERFORMED?  PERFORMED?  AMALABLE PRIOR TO										VERE AUTOPSY FINDINGS	
MEDICAL									_	1 TES 2			COMPLETION OF CAUSE OF DEATH?
_									_			1	YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO	MEOICAL					26. PI	ACE OF DEATH (Ch	eck only one	)			
rsic	EXAMINER? 1 YES 2 NO		HOSPITAL:	☐ ER/Outpatient	DOA	OTHE 4 - Nu		e 5 🗆 Realdence	6 🗆 Other	(Specify)			
	27. MANNER OF DEATH  1 Natural 5 P	ending	28a. DATE Of (Month, I	F INJURY Day, Year)	28b. TII	ME OF		URY AT ORK? YES 2 NO	28d. DE\$0	CRIBE HOW I	NJURY OCC	UREO	
ВУ	2 Accident	ould not be	28e. PLACE	OF INJURY — At h	ome, farm,	street, fac			26f. LOCA	TION (Street	and Number	or Rural Ro	ute Number,
TEC		etermined	building	, atc. (Specify)					City o	r Town, State)			
COMPLETED	(Orlock Only							and place, and due					and manner as stated.
ECC	29b. SIGNATURE AND TITLE	and the second		_				29t. LICENSE NUI	MBER				Month, Day, Year)
00	~		550	_	M.			51582			<b>▶</b> 3	7251	90
5	30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAL	ISE OF DEATH (ITE	M 27) (Typ	e, Print)	edla	- M211213	282				
	30. NAME AND ADDRESS OF TOW GLZ 2  38. BAYE FILED (Month, Day, YAMAN DE O 2 90	bar)	32. REGISTR	AR'S SIGNATURE	1 454	माउ	MIG	/					
	NPR 02 '90	9	wie David	son-Aandal	2								
		0,	-										DHMH-16 Rev 1/89



TO BE COMPLETED BY FUNERAL DIRECTOR

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - STATE REGISTRAR		STATE OF	/ MARYLAND CE			T OF H E OF			MENTAL	. HYGIEN REG. NO			
1. OECEOENT'S NAME (First	, Middle, Lest)								2. DATE	OF DEATH	NV.	YEAR	3. TIME OF OEATH
	LLA		ERNECKE						Apr	il 3	, 1	990	3:30 P. M
4. SOCIAL SECURITY HUMI		5. SEX	8. AGE (In yrs. les		IF UNDE	DAYS	IF UNDER	24 HRS. MIN.	(Month	OF BIRTH , Day, Ybar)		Countr	
399-03-495		1 🗆 M 2 💢 F	85	YRS.						15,1			SCONSIN
9a. FACILITY NAME (If not in						Y, TOWN O			EATH			INTY OF O	
RESIDENCE OF DE		Hospital				Leona	irato	)WII			5	t. Ma	ary's
10a. STATE	10b. COUNTY	Y		10c. CIT	Y, TOWN	OR LOCAT	ION						10d. IHSIOE CITY LIMITS?
MARYLAND	ST.	MARY'S			LE	ONARI	OTOWN	1					1 TES 2 X NO
10e. STREET AND NUMBER						101	ZIP CODE	E			10g. CI	TIZEN OF V	WHAT COUNTRY?
RT. #3, 2	29 LAF						2065	-				U.S.A	
11. MARITAL STATUS  1 Never Married 2	Married	FORCES?	T EVER IH U.S. AR	40 IMEO	13.	If yes, spe	ecity Cube	n, Mexica	n, Puerto F	? (Specify Yes tican, etc.)	s or No-	14. RACE Black	E — American Indian, k, Whita, etc.
3 X Widowed 4 □ Dive		IF YES, GIVE	MAR OR DATES		-1	1 TYES	2 [X NO	Specify	y:			Speci	#y: JHITE
	EDENT'S EDU					OCCUPATIO			16b.	KIND OF BU	SINESS/IH		
Elementary/Secondary (	y highest grade 0-12)	College (1-4 or 5	life	Do NOT u	work done	during mo	ST OF WORKIN	ng					
12			H	OMEMA	AKER								
17. FATHER'S HAME (First, A	207.						18. MOTI	HER'S HA	ME (First, A	fiddle, Maiden	Sumame)		
LOUIS HEIN										ISHER			
190. IHFORMANT'S HAME ( RICHARD WER										Der, City or Tow			20650
20a. METHOD OF DISPOSIT			20b. PLACE						/E, L			- City or To	
1 Buriel 2 Cremetic	on 3 🗌 Rem	oval from State	other pl	rT CF			now, or on	natory or					IARYLAND
21. SEGMATURE OF FUNER		Officer 5	1/11	11 01		. NAME AP	O ADDRE	SS OF FA	CILITY	I W	וטמידע	XF , I	AKILAND
ENDTEL-V	11 K	mar 1.	UNA							L HOM			
23. PART I. Enter the	Transport of	complications th	at country	eth Do	not ente	P.O.	BOX	279	LEO	NARDT	OWN.	MARY	LAND 20650
ahock, or h	aart fallure.	List only one ca	use on each line	1.	not onte	a die me	ua or uy	mg, suc	ii as care	nac or reap	matory s	reat,	intervai Between
immediate cause (Fi disease or condition	nei	Ca		2.	200	2	. 11		80				Onset and Death
resulting in death)	~	OUE TO	OR AS A CONSE	QUENCE C	DF):	-1	$\mathcal{L}_{\mathcal{L}}$	Μί	-				<del> </del>
	-	. (	ndio O (OR AS A CONSE Websel	2 \	ICIL	ul	an	Ac	eli	dem	2		
Sequentially list condi- if any, leading to imme		DUE TO	(OR AS A CONSE	QUENCE O	F):								
cause, Enter UNDERLY CAUSE (Disease or inju		с	sens	13									
that initiated events resulting in death) LAS	т	OUE TO	OR AS AICOHSE	OUENCE C	OF):								i
		d											+
PART II. Other signific	ent condition	ns contributing to	deeth but not i	resulting	in the u	ınderlyin	g cause i	given in	Part i.	24a. WAS AN PERFO		246	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
									_	1 YES	2 PNO		COMPLETION OF CAUSE OF GEATH?
									_				1 - YES 2 - HO
25. WAS CASE REFERRED TEXAMINER?	O MEOICAL	HOSPITAL:			ОТНЕ		ACE OF D	BEATH (Ch	eck only on	10)			
1 YES 2 NO		1 Inpatient 2	ER/Outpatient 3	DOA 28b. TII			URY AT	esidence	6 Othe	r (Specify) SCRIBE HOW		2011750	
	Pending		Day, Year)		JURY M	WC	PRK? YES 2	7.00	28d, DE	SCHIBE HOW	INJURY O	CCUREO	
2 Accident 3 Suicide	Investigation	26a. PLACE	OF INJURY — At he	ome, ferm.	street, fa				28f, LOC	ATION (Street	and Numb	er or Rural I	Route Number,
4 Homicide	Could not be detarmined	building	, etc. (Specify)		•					or Town, State			
290. CERTIFIER	TIFYING PHYS	ICIAH: To the best of	f my knowledge, de	with occur	red at the	time, date	and place	and du	to the car	ree(a) and me	nner as st	sted.	
enel													a) and manner as stated.
29b. SIGNATURE AHO TITL	E OF CERTIFIE	R	11	111	16		29c. LIC	ENSE NU	MBER	-	29d. D/	TE SIGHEO	(Month, Day, Year)
		63.	MI	100			M	D 33	470		•	4/4	1/90
30. NAME AHO AOORESS O													
	В.	Jhaveri, 32. REGISTE	M.D. Le	onar	dtow	m, M	d. 2	0650					
31. DATE FILED (Month, Day	Year)	32. REGISTE	AR'S SIGNATURE	Rand	all								
M APR (	4 '90	Jul	a Davidson	-11-11	-								



- A

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13146,	
BOX	
P.0.	
RECORDS,	
VITAL	
OF	
DIVISION	

	FOR STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTMENT O		MENTAL HYGIEN							
	1. DECEDENT'S NAME (First, Middle, Last)  Fuella	m.	Walla	د د	March 19	///	1015 PM					
	510 M	5. SEX  1 M 2 K F 6. AGE (In yrs. 1	YRS. MONTHS DA		7. DATE OF BIRTH (Month, Day, Year) Feb. 15,1		HATHPLACE (State or Foreign ountry)					
TOR	PENINSULA GENERAL HOSPITAL SALISBURY WICOMICO											
FUNERAL DIRECTOR	100. STATE 10b. COUNTY  Maryland Wic  100. STREET AND NUMBER	amico	5alis	burx			10d. INSIDE CITY LIMITS? 1 YES 2 NO					
NERA	General	12. WAS DECEDENT EYER IN U.S.,		101. ZIP CODE 2/8	01	Us	S. A					
ВУ	1 Never Merried 2 Merried 3 Widowed 4 Divorced		NO If ye	s, specify Cuben, Mexica YES 2 NO Specify			RACE - American Indian, Black, White, atc.					
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade or Elementary/Secondary (0-12)	TION 18s. ( ompleted)  College (1-4 or 5+)	DECEDENT'S USUAL OCCUI (Give kind of work done durin life. Do NOT use retired.)	g most of working	16b. KIND OF BU	SINESS/INDUSTR	ay d					
COM	17. FATHER'S NAME (First, Middle, Last)	11	~agor-		ME (First, Middle, Meiden	Surname)	1					
BE	190. INFORMANT'S NAME (Type/Print)	Elzex	19b. MAILING ADDRESS (St	eet and Number or Ryrel	Route Number, City or Tox	m, State, Zip Code	150N					
5	Ella Wri	ght !	8540 E		Burt And	harage	Alaska 99504					
	20a. METHOD OF DISPOSITION  1 Surfal 2 Cremetion 3 Remov  4 Donation 8 Other (Specify)	al from Stata	CE OF DISPOSITION (Name of place)	d cemetery, crematory or	M. F. Da	CATION - City	or Town, State					
	21. SIGNATURE OF FUNERAL SERVICE LICEI	SEE, Commit	22. NAN Co	E AND ADDRESS OF FA	O Hall	and	316					
CERTIFICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	mplications that caused the est only one cause on each life of the cause of the cau	BEQUENCE OF:	mode of dying, suc	h se cafdlac or reap	iratory arrest,	Approximate Interval Between Onset and Death					
ERTI	resulting in death) LAST	that unfieled availts										
PHYSICIAN: MEDICAL C	PART II. Other significant conditions  alastos me  angustise	Part I, 24a, WAS AN PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO								
NAI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			6. PLACE OF DEATH (Ch	neck only one)							
IYSIC		HOSPITAL:		Homa 8 - Residence								
BY PH	1 Neture: 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	INJURY	WORK?	26d. DESCRIBE HOW	INJURY OCCURE						
ED	2 Accident Investigation 3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)  28e. PLACE OF INJURY — At home, farm, street, factory, office City or Rown, State)  28f. LOCATION (Street and Number or Rural Route Number, City or Rown, State)											
COMPLET	and the same of th	AN: To the best of my knowledge,					use(a) and menner as stated.					
TO BE C	296. SIGNATURE AND TITLE OF CENTRICK	S FAMILY PAY		29c. LICENSE NU	MBER 19	29d. DATE BIO	170					
-	30. NAME AND ADDRESS OF PERSON WHO  SHAVE KAUENCKI	NO SOMERSET	MEDICAL CEN	TER RO, B	2x64 Per	CESS Ahm	F, MODBS3					
3	31. DATE PLES (MARY 2 9 '9	O 32. REGISTRAR SIGNATURE	violson-Andrea									

TO THE HOSPITAL OR ATTENDING PAYSICIAN: The law requires that the death certificate be executed within 5- fours after death. Page 6 may be retained by the hospital or minimal physician and completely filled in by the funeral director, page 5 should be detailed to see the befined within 72 hours after death with the State Dept. of Health and Mental Hydiene prior to burial, cremation, or removal.  IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
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HOWARD G. LANGAM,

31. DATE FILED (MONTO PD. 35") '90

MD

32. REGISTRAP'S SIGNATURE
Julia Davidson-Randale

	508			9	0 11312			
	1 - STATE OF MARYLAND / DEPARTING CERTIFIC	MENT OF HEALTH AND I CATE OF DEATH	MENTAL HYGIEN REG. NO	E				
	1. DECEDENT'S NAME (First, Middle, Last)  RALL F (1) Ph 15		2. DATE OF DEATH DOWN THE DOWN	7 9	3. TIME OF DEATH			
- 3	THE PARTY OF THE P	F UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	6. Bi	RTHPLACE (State or Foreign			
	216-66-2157 11 30 YRS.	DAYS HOURS MIN.	02-01-6	A	ennsylvania			
STOR	CARROL County Gener Hosp	Westminst	eR	CARI				
DIRECTOR	10e. STATE 10b. COUNTY 10c. CITY, 10c. CITY,	TOWN OR LOCATION	ELDER	SRERC	10d. INSIDE CITY LIMITS?  1 YES 2 NO			
FUNERAL	10e. STREET AND NUMBER	10f. ZIP CODE	11	10g. CITIZEN	OF WHAT COUNTRY?			
S	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED	13. WAS DECENDENT OF HISPAN	IC ORIGIN? (Specify Ye		BACE - American Indian,			
BY FI	Never Married 2 Merried    FORCES? 1 YES 2 NO   IF YES, GIVE WAR OR DATES   IF YES, GI	If yes, specify Cuben, Mexical  1 YES 2 X NO Specify			Specify: White			
0	15. DECEDENT'S EDUCATION 18e. DECEDENT'S US (Specify only highest grade completed) (Give kind of wo	k done during most of working	16b. KIND OF BU	SINESS/INDUSTR	TY .			
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+) Iffe. Do NOT use	enter	Cons	struction	on			
S S	17. FATHER'S NAME (First, Middle, Last)		ME (First, Middle, Maiden		5.1			
BE C	Frederick M. Wehn	Anna	Marie R	land				
2				te Number, City or Town, State, Zip Code)				
	20s. METHOD OF DISPOSITION 20b. PLACE OF DISPOSIT	Im Avenue Syke		21/84 CATION — City (	or Town State			
	1V Buriel 2 Cremetion 3 Removal from State other place)	ld Cemetery		kesvil				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	22, NAME AND ADDRESS OF FA	CILITY					
	Brian & Haidlet	Haight Funera Sykesville, M						
	23. PART I. Enter the diseases, Dr complications that decised the death. Do no				Approximate			
	ahock, or heart feliure. List only one cause on each line.  IMMEDIATE CAUSE (Final				Interval Between Onset and Death			
	disease or condition resulting in death)  a. PSPIRATORY F.  OUE TO (OR AS A CONSEQUENCE OF):	TILORE			ALUT			
z	ADULT RESPINATE	NY DISTRES	STNEDDE		ACUTE			
일	Sequentially list conditions, if any, leading to immediate							
S	CAUSE (Disease or Injury that initiated events	INAL BLESS	DINE		2 DAYS			
CERTIFICATION	reaulting in death) LAST  ALLOHOLISM				creave			
2	BART II. Other classificant annulling contribution to doubt but not equality in	At a second of the second of the second	Barat Laurence					
MEDICAL	PART II. Other significant conditions contributing to death but not resulting in	the Underlying cause given in	Part I. 24a. WAS AI PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
ME			_		1 TYES 2 NO			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	DA DI LOS OS OSATU (OL						
Sici	EXAMINER? HOSPITAL:	26. PLACE OF OEATH (Ch						
H	27. MANNER OF DEATH 28s. DATE OF INJURY 28b. TIME	OF 28c. INJURY AT WORK?	28d. OESCRIBE HOW	INJURY OCCURE	ED			
ВУ Р	1 Metural 5 Pending (Month, Day, Year) INJUI	M 1 YES 2 NO						
	3 Suicide 8 Could not be determined 286. PLACE OF INJURY — At home, farm, str building, etc. (Specify)	set, factory, office	26f. LOCATION (Street City or Town, State		ural Route Number,			
COMPLETED	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred	at the time, date end place, and due	to the cause(s) and ma	nner as stated.				
OMI	one) 2 MEDICAL EXAMINER: On the besis of examination end/or investigation.				use(s) and menner se stated.			
ш	290-SIGNATURE AND TITLE OF CERTIFIER	29c. LICENSE NUI	MBER	29d. DATE SIG	GNED (Month, Day, Year)			
0	Home to Jankon MD	0170	40	•				
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, I	Print)						

ZIS WASHINGTON HOTS WESTMINSTED

THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Z4 nours after death. Page 6 may be retained by the hospit	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notifiled at once.
CIAN: The law require	ertificate has been sig	the State Dept. of Hea	or item 23 shows
R ATTENDING PHYSI	RECTOR: After this cu	urs after death with	m 28 is marked,
D THE HOSPITAL OF	D THE FUNERAL DIF	be filed within 72 hou	MPORTANT: If Itel
2	5	)	

													90	113	13
	FOR 1 - STATE		STATE OF N							MENTA		E			
	REGISTRAR  1. DECEDENT'S NAME (First, I	Middle Leet) D	orry Fly		CERTIF	ICATE	UF	DEAL	п	2 DATE	REG. NO.			3. TIME OF DEATH	
	Propr	G L-C	دو مد می الد	Jaca W	cugn					MONT	H DA		YEAR		м
1	4. SOCIAL SECURITY NUMBE		5. SEX	6. AGE (In yrs.		IF UNDER	1 YEAR	IF UNDER	24 HRS		OF BIRTH	0	90 A BIRTH	4:50 PLACE (State or Fore	
	348-18-7906		1 🔯 M 2 🗆 F	65	YRS.	MONTHS	DAYS	HOURS	MIN.	(Mont	th, Day, Year)	2.4	Country	Country)	
	e. FACILITY NAME (If not inst		21	0.5		9h. CITY	TOWN C	OR LOCATIO	ON OF DE		7 23	24	NTY OF DE	inois	-
8	Holy Cross	_										200			- 1
270.00	RESIDENCE OF DECI	EDENT	·cai			I STI	rver	Spr.	шg			Montgomery			
DIREC	Maryland	10b. COUNTY	Arunde	0	10c. CIT	CITY, TOWN OR LOCATION						10d. INSIDE CITY LIMITS?			
		Anne	Nunue	<u> </u>		Cro	fto	n						1 TES 2 N	10
¥	10e. STREET AND NUMBER					101, ZIP CODE 10g. (					10g. CIT	ZEN OF W	HAT COUNTRY?		
<u> </u>	1721 Denton					21114 U					SI				
FUNERAL	11. MARITAL STATUS		12. WAS DECEDEN FORCES? 1	T EVER IN U.S.	ARMED NO						N? (Specify Yea Ricen, atc.)	or No-	14. RACE Black,	<ul> <li>American Indian</li> <li>White, stc.</li> </ul>	7.
BY	1 Never Married 2 Nover Marrie	mailing .	IF YES, GIVE Y	WAR OR DATES	2116			2 <b>N</b> O					Specifi		
		DENT'S EDUCA			DECEDENT'S	I I I I I I I I I I I I I I I I I I I	CUBATIO	OM		461	b. KIND OF BUS	IMEGG /IME		asian	$\dashv$
2	(Specify only	(Give kind of life. Do NOT us	work done d	luring mo	st of working	g	100	s. Kind or bos	IIIVL33/IIVL	JOSINI					
7	Elementary/Secondary (0-1 12th	lectro	nia E	hai.	noor			ont a	e 7			1			
COMPLETED	17. FATHER'S NAME (First, Mid		IIIC I	IIQ.I		HER'S NA		ept o		п					
	Fred Waugh				Δη	nna	Guil	1							
86	19a. INFORMANT'S NAME (Ty)	19b. MAILING	ADDRESS	(Street a				iber, City or Town	n, State, Zip	c Code)					
임	77 11 7 7 7						10	A-F							
	20vr METHOD OF DISPOSITIO		CONTION (Name of cemetery, crematory or 20c. LOCATION — City or Town, State												
	4 Donailon 5 Other		All from State		land ;	State	Ve	t. Ce	emet	erv	Che	ltenl	nam.	Md.	
	21. SIGNATURE OF FUNERAL	SERVICELICE	MSEED /	1 1		22.1	NAME A	ND ADDRE	SS OF FA	เดเมริง				me, Inc.	
	1/1/1/	11/1	4	11		66	33 (	01d <i>I</i>	\lex	ande:	r Ferr	v Rd	Clin	ton, Md	207B
	23. PART I. Enter the dis					_								Approximat	
	shock, or he IMMEDIATE CAUSE (Fina		ist only one car	use on aach	lina.									Intarval Bel	
	disease or condition	an -> ::		Cao	(100	d	15 B	930						5 he	0/200
	resulting in death)	a.	DUE TO	(OR AS A CON		C ARRAST								+ -	-
z				4250	285	SCC	32	072	ette HERDT Disease					~	
음	Sequentially list condition if any, leading to immed			(OR AS A CON											
2	cause. Entar UNDERLYIN CAUSE (Disease or Injur													_	
	that initiated evants resulting in death) LAST		OUE TO	(OR AS A CON	SEOUENCE O	IF):									- 1
CERTIFICATION		d.													
	PART II. Other aignificar	nt conditiona	contributing to	death but n	ot reaulting	in the un	derlyin	g cause (	given in	Part i.	24s. WAS AN PERFOR		24b.	WERE AUTOPSY FIN AMAILABLE PRIOR T	
2		و دد د دا									1 4 YES 2			COMPLETION OF CA	
	n		Fores											1 TES 2 LA	0
ä	D.	( a S a 8	3 rue	le take											
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO EXAMINER?		uoenda.					LACE OF O	EATH (Ch	neck only o	nne)	-			
Si	1 YES 2 NO		HOSPITAL:	ER/Outpatier	H 3 DOA	OTHER		ne 5 🗆 Re	aldence	8 🗆 Oth	er (Specify)				
PH	27, MANNER OF DEATH	Accusacy	28a. DATE OI (Month, I		28b. TIA	ME OF JURY	28c. IN.	JURY AT ORK?		28d. DE	SCRIBE HOW I	NJURY OC	CURED		
BY		Pending riveatigation				М		YES 2	NO						
		Could not be	28a. PLACE ( building	of INJURY — A stc. (Specify)	it home, farm,	street, facto	ory, offic	te		28f. LO	CATION (Street a	ind Numbe	r or Rural A	oute Number,	
ETE	4 Homicide d	datarmined													
Solution of the detarmined building, etc. (Specify)  1								euse(a) end mar	nner aa ste	rted.					
0	one) 2 MEDIC	CAL EXAMINER	: On the basis of a	examination and	d/or investigati	on, I <i>n</i> my o	pinion, d	death occur	red at the	time, dat	e and place, an	d due to t	he cause(s)	and manner as str	sted.
	29b. SIGNATURE AND TITLE							29c. LIC	ENSE NU	MBER				(Month, Day, Year)	
386	7	De	2106									▶ 3	1301	20	
2	30, NAME AND ADDRESS OF			SE OF DEATH	(ITEM 27) (Type	e, Print)									
	9831		12 d c de.	イン。	E	dgar	Н.	Levi	n MI	)					
	31. DATE FILED (Month, Day, )	Year)	32. REGISTR	AR'S SIGNATUR	RE DO										
31. DATE FILED (Morth, Day, Year)  32. REGISTRAR'S SIGNATURE  ADD 06 90 Julia Davidson-Randells															

DHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21203-3146	HYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	NERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-linear permit. Pages 1, 2, 3 should him 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	redical examiner must be notified at once.	TO BE COMPLETED BY FUNERAL DIRECTOR
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	THE HIGSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hou	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fine medianting the completely filled in by the fine medianting the formation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	1 - STATE OF STATE OF			F HEALTH A		NTAL HYGIENE REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Lest)				2.	DATE OF DEATH		3	3. TIME OF DEATH		
	Mary O. Wilson					MONTH DAY	- 9	EAR	23.35 M		
- 1	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. last birthday)	IF UNDER 1 Y	EAR IF UNDER 24 I		DATE OF BIRTH	6	BIRTHPL	LACE (State or Foreign		
_	311-20-5507 104204	69 YRS.	MONTHS D	AYS HOURS A	detad.	(Month, Day, Year) Aug. 17 1	920	Country) Indi	ana		
. 1	9a. FACILITY NAME (If not institution, give street and number)	. 07	9b. CITY, TO	WN OR LOCATION							
E.	Anne Arundel General Hos	pital	Annap	olis Ma	ary1a						
HOTO	RESIDENCE OF DECEDENT										
B	10a, STATE 10b. COUNTY	10c. CIT	Y, TOWN OR I	OCATION				1	IOd. INSIDE CITY LIMITS?		
ā	W. Virginia Berkley	He	dgesv	11e					YES 2 NO		
¥	Rt. 4 Box 176			101. ZIP CODE	25/	2.7			AT COUNTRY?		
4	100 . 200 170				2542	21			tates		
FUNERAL DIRE	11. MARITAL STATUS  1 Never Merried 2 Married FORCES?	NT EVER IN U.S. ARMED		DECENDENT OF H		ORIGIN? (Specify Year ruerto Rican, atc.)	or No- 1	Black,	- American Indian, White, etc.		
ВУ		WAR OR DATES NO		YES 2 X NO		No		Specify:			
	15. DECEDENT'S EDUCATION	16a. DECEDENT'S	I HENAL OCCI	IDATION		16b. KIND OF BUS	NESC (INC)		White		
2	(Specify only highest grade completed)	(Give kind of	work done duri	ng most of working		100. KIND OF BUS	NESS/INDO	) INT			
PLE	Elementary/Secondary (0-12) College (1-4 or 5	1 1/	er					Re	estaurant		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	, manag	<u> </u>	16. MOTHER	R'S NAME	(First, Middle, Maiden	iumame)		Jo Ca Grand		
	Robert O'Neal					O'Reilly					
BE	19a, INFORMANT'S NAME (Typo/Print)	19b. MAILIN	ADDRESS (S			te Number, City or Town	State. Zio C	ode)			
2	Pamela K. Mc Nichol								21666		
	Pamela K. Mc Nichol 323 Tenn Road STevensville Maryland 21666  20s. METHOD OF DISPOSITION (Name of cometary, cremetory or 20s. LOCATION — City or Town, State										
	1 (x) Burlal 2 Cremetion 3 Removal from State 4 Donation 6 Other (Specify)	other place)									
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY										
	Beall-Evans Funeral Home, P.A.										
	* Robert E. Evans	Tres.				is Rd. Bo					
	23. PART i. Enter the dieeeeea, or complications the shock, or heart failure. List only one care	et caused the death. Do	not enter th	e mode of dying	, auch a	a cerdiec or reepli	atory arres	st,	Approximate interval Between		
	immediate cause (Fine) disease or condition resulting in death)  o. Jangane of Small intestine 2 to Sup Mesenteric A, outlision 72 hr										
	resulting in death) e. (UMC)	une of 2m	all inte	estine L	to	Sup Mesente	rec A.	och	sien /2 hr		
	Don't	O (OR AS A CONSEQUENCE O	λΕ: () ()	1					401		
O	Sequentially list conditions,	est conditions. La Claute Kenal tailare									
ATI	if any, leading to immediate cause. Enter UNDERLYING	Ocute Respirator Failare 48h									
임	CAUSE (Disease or Injury that initiated events	O (OR AS A CONSEQUENCE	A COM CO	7 100	900	·			1000		
E	resulting in death) LAST	andia.	C	HL en	مه	losson	9		(gra)		
CERTIFICATION	d.	e way you	<u> </u>	V-1~~					+ 0		
CAL	PART II. Other significent conditions contributing t		0.	rlying cause giv	ren in Pa	rt i. 24a. WAS AN			WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO		
	Intraobdomine	I adhe	seons			1   YES 2	-		COMPLETION OF CAUSE OF DEATH?		
ME	Producing in	testind a	Bati	uetren		_			1 - YES 2 - NO		
ä	amsending sansi	ene of less	2º40	ad, oca	lusion	y Deserve	-				
SIA	25. WAS GASE REFERRED TO MENTION L	0		28. PLACE OF DEA	TH (Check	only one)					
PHYSICIAN: MEDI	1 YES 2 NO 1 Impatient 2	☐ ER/Outpetlent 3 ☐ DOA	OTHER:	g Home 5 🗌 Resid	dence 6	Other (Specify)					
PH	27. MANNER OF DEATH 28a. DATE ( (Month,		ME OF 20	IC. INJURY AT WORK?	21	ed. DESCRIBE HOW II	JURY OCCL	RED			
BY	1 Natural 5 Pending 2 Accident Investigation		M	1 YES 2   I	NO						
	6 Could not be building	OF INJURY — At home, farm, g, atc. (Specify)	street, factory	, offica	21	Bt. LOCATION (Street a City or Town, State)	nd Number o	r Rural Ro	ute Number,		
ETE	4 Homicide determined										
2	29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best	of my knowledge, death occu	red at the time	, date and place, a	nd due to	the cause(a) and man	ner se state	f.			
COMPLETED	one) 2 MEDICAL EXAMINER: On the basis of	examination and/or investigat	ion, in my opi	nion, death occured	at the tim	ne, date and place, an	d due to the	cause(a)	and manner as stated.		
Ö	29 GIGNATURE AND TITLE OF CERTIFIER	Λ .	_	29c. LICEN	SE NUMBE	ER .	29d. DATE	SIGNED (	Month, Day, Year)		
BE	Lary M. Obicson	NSen. MA	0.	DI	72	55	D 4	- 2	2-90		
5	M NAME AND ADDRESS OF PERSON WHO COMPLETED CA	USE OF DEATH (ITEM 27) (Typ	e, Print)				*				
	Gary M. Richardson 104	Forbes Driv	re Anı	napolis	Marv	land					
- 1	31. DATE, FILED (Mojith, Dgs, Year) 32. REGIST	AR'S SIGNATURE	2 21411	-apolito	atul y	Lunu					
	APR UD 90 Stella Da	vidson-Randell									

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death. Page 6 may be retained by the hospi	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached he shark within 72 hours after heart with the State Debt, of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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												90	11315
	FOR 1 STATE	STATE OF !	MARYLAND /						MENTAL		E		
	REGISTRAR  1. DECEDENT'S NAME (First, Middle, Lest)		CE	HIIF	ICATI	E OF	DEAL	Н	2. DATE O	REG. NO.		1.	TIME OF DEATH
		***********	_						MONTH	DA		YEAR	
	HENRY FREEMAN W  4. SOCIAL SECURITY NUMBER	INTERMYE 5. SEX	6. AGE (In yrs. last	h fath at a A	IF UNDER	4 MPAR			7. DATE O	H 31.	199		9:30pm PM  ACE (State or Foreign
		1 M 2 - F	o. AGE (III yrs. lest	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year) Cod			Country)	ACE (State or Poreign
	214 05 5146		73	Tha.	9b. CITY, TOWN OR LOCATION OF DEATH								
4	9e. FACILITY NAME (If not institution, give a										9c. COU	NTY OF DEA	гн
<u>5</u>	SACRED HEART HO	SPITAL			C	UMBE	RLAN	D, M	ARYLA	ND	A.	LLEGA	YY
DIRECTÓR	10e. STATE 10b. COUNTY			10c. CIT	Y, TOWN	OR LOCAT	ION					10	Id. INSIDE CITY
5	MD Al	legany			L	aVa	le						LIMITS?
5	10e. STREET AND NUMBER					101	ZIP CODI				10a CITI		AT COUNTRY?
A	408 National	Hwy.					1502					USA	
FUNERAL	11. MARITAL STATUS		IT EVER IN U.S. ARI	MED	140				UC OBIONS	(Specify Yea	110		- American Indian,
	1 Never Married 2 Married	FORCES?	YES 2 N	10		If yes, spe	ecify Cube	n, Mexice	n, Puerto Ri		01 NO.	Black, V	Vhite, etc.
B	3 Widowed 4 Divorced		MAR OR DATES			1 U YES	2 NO	Specify	y:			Specify:	Table 2 4 a
	15. DECEDENT'S EDU	CATION	18e, DE	CEDENT'S	USUAL O	CCUPATIO	ON		16b.	KIND OF BUS	INESS/INC	USTRY	White
	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5	Ma	ve kind of Do NOT u	work done se retired.)	during mo	st of working	g	1				
P	1.2	Conlege (I-4 or 5	·		a ha	L - C	c				100		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		Lra		00 8	rai		HER'S NA		ddle, Malden			
	Coomes Wints						71	- 1 1-					
BE	George Winte	rmyor	198	. MAILING	AODRES	S (Street a				r, City or Town		Code)	
2	Agnes Wintermye		4.	00 1	7 - 1 - 2		77-		T - T7	عاد	140	2150	2
	20a. METHOO OF DISPOSITION		20b. PLACE	OF DISPO	Jati SITION (N				Lav	20c. LO	CATION —	City or Town	, State
	1  Buriel 2  Cremetion 3  Rem	oval from State	other ple		M		- 1 0				-	110	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	Resti	awn	WO m 22.	NAME AN	D ADDRE	SS OF FA	ens	LAV	,		
	10 7		11							ral		)	
	(Carlot	K Cery	sell							2150			r second record
	23. PART I. Enter the diseases, or shock, or heart failure.	complications the List only one ca	at caused tha da use on aach iina	ath. Do	not antai	r tha mo	da of dy	ing, suc	h aa cardi	ac or raapi	ratory an	rest,	Approximata intervai Batween
	IMMEDIATE CAUSE (Final	P.	1 .	1	٠,	. 22							Onsat and Death
	disease or condition resulting in daath)	a. Ca	edie	1	alu	J							2 longs
		DUE TO	OR AS A CONSEC	DUENCE O	(F):								2 /
Z	Sequentially list conditions,	b. M	yourde	al 1	-ga	refu	Š						& day
Ĕ	If any, leading to immediate cause. Enter UNDERLYING	DUE TO	OR AS A CONSEC	QUENCE O	my								
ERTIFICATION	CAUSE (Disease or Injury	c	OR AS A CONSE	MENCE C	W)								
	that initiated evants resulting in death) LAST	302 10	TOTAL A CONSE	action c	,,,								İ
8		d		_									1
	PART II. Other aignificant condition	a contributing to	daath but not r	esuiting	in the u	ndarlyin	g causa	given in	Part I.	24e. WAS AN PERFOR			YERE AUTOPSY FINDINGS
5	anemia								_	1 TYES 2		0	OMPLETION OF CAUSE OF DEATH?
밀	Heystreell	de d	natured	fin.									YES 2 NO
5			11										
₹	25. WAS CASE REFERRED TO MEDICAL					26. PI	LACE OF D	EATH (Ch	neck only one	)			
PHYSICIAN: MEDICAL	EXAMINER?  1   YES 2   NO	HOSPITAL:	☐ ER/Outpatient 3	□ DOA	OTHE 4 D Nu		ie 5 □ Ri	esidence	6 Other	(Specify)			
Ŧ	27. MANNER OF DEATH	28e. DATE O		28b. Til		28c. INJ	URY AT		28d. DE\$6	CRIBE HOW I	NJURY OC	CURED	
	1 Natural 5 Pending	(Month,	Day, Yoar)	SIN	JURY		YES 2	□ NO					
ВУ	2 Accident investigation 3 Suicide 8 Could not be	28e. PLACE	OF INJURY Al ho	me, ferm,	street, fac	tory, offic				TION (Street		r or Rural Ros	ite Number,
TED	4 Homicide determined	ounding	, etc. (Specify)						City o	r Town, State)			
COMPLET	29a. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of	ol my knowledge, de	sth occur	red at the	tima, dete	end place	, end due	lo the ceu	e(e) end me	nner ee sta	ted.	
ME	(Check only one) 2 MEOICAL EXAMINE												and manner ee stated.
	29b. SIGNATURE AND TITLE OF CERTIFIE	N .					29c. LIC	ENSE NUI	MBER		29d. DA1	E SIGNED IA	Aonth, Day, Year)
띪	/ /	m O					T		- > >			7 114	90

CUMBERLAND, MD 21502

D12532

32. REGISTRAR'S SIGNATURE

912 SETON DRIVE

NESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

GEORGE BREZA, M.D.

APR 04 1990

29d. DATE SIGNED (Month, Day, Year)

3 apr 90

12.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25 hours after death. Page 6 may be retained by the hospital TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	Ital	4		
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within any value feath. Page 6 may be retained by the high TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detained within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once	oso	e e		as.
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mours after death. Page 6 may be retained to THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified.	by th	pe		at
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2.4 mours after death. Page 6 may be retain TO THE FUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 shound filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified.	90	P		0
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2.7 yours after death. Page 6 may be TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be	9	40		100
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2.5 hours after death. Page 6 ma TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must	D A	page		be
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 yours after death. Page 6 TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direct be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner m	E	00,		nst
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within .2. nours TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or re-IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the med	afte	D AC	MOV.	Ca
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2.7.10 THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, o IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the m	GLIS	in in	100	pe
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fibe filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, crematio IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the	00	Pell	0.	===
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate by TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physicia be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other trai	600	n ai	2	Ĕ
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificat TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physice fled within 72 hours after death with the State Dept. of Health and Mental Hygiene pIMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other	20	sicia	rior	tra
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the dea TO THE FUNERAL DIRECTOR: After this certificate has been signed by the at be flied within 72 hours after death with the State Dept. of Health and Menta IMPORTANT: If Item 28 is marked, or item 23 shows any Injury,	-fi	tend	工	0
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the TO THE FUNERAL DIRECTOR: After this certificate has been signed by the filed within 72 hours after death with the State Dept. of Health and MIMPORTANT: If Item 28 is marked, or item 23 shows any Inji	de	e at	fent	J.
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requ TO THE FUNERAL DIRECTOR: After this certificate has been be filed within 72 hours after death with the State Dept. of F IMPORTANT: If Item 28 is marked, or item 23 shou	ires	sign	leal	8
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law TO THE FUNERAL DIRECTOR: After this certificate has be filed within 72 hours after death with the State Dept. IMPORTANT: If Item 28 is marked, or Item 23 is	nbau	nee	jo	Sho is
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The TO THE FUNERAL DIRECTOR: After this certificate habe filed within 72 hours after death with the State DIMPORTANT; If Item 28 is marked, or Item?	W.P.	S	ept.	23
TO THE HOSPITAL OR ATTENDING PHYSICIAN: TO THE FUNERAL DIRECTOR: After this certifics be filed within 72 hours after death with the St IMPORTANT; If Item 28 is marked, or it	1	ste he	ate D	me
TO THE HOSPITAL, OR ATTENDING PHYSICI TO THE FUNERAL DIRECTOR: After this cer be filed within 72 hours after death with the IMPORTANT; If Item 28 is marked, or	AN	tiffe	S	=
TO THE HOSPITAL OR ATTENDING PHY TO THE FUNERAL DIRECTOR: After this be filed within 72 hours after death wit IMPORTANT: If Item 28 Is markel	SIC	93	か	40
TO THE HOSPITAL OR ATTENDING TO THE FUNERAL DIRECTOR: After be filed within 72 hours after death IMPORTANT; If Item 28 is ma	표	this	W	rke
TO THE HOSPITAL OR ATTENDING TO THE FUNERAL DIRECTOR: A be filed within 72 hours after dimportant; if item 28 is	SN NG	fter	eath	ma
TO THE HOSPITAL OR ATTE TO THE FUNERAL DIRECTO be filed within 72 hours afte IMPORTANT; If Item 28	N.	R: A	ры	-
TO THE HOSPITAL OR ITO THE FUNERAL DIRE be filed within 72 hours IMPORTANT: If Item	E	60	aff	28
TO THE HOSPITAL TO THE FUNERAL IN the filed within 72 h	OR /	JIRE	OULS	em
TO THE HOSPIT TO THE FUNERA The filed within 7	AL	AL C	2	1
TO THE HO TO THE FU! be filed with	SPIT	VER.	nin i	H
THE THE DE FILED	S.	E	Will	TA
2 2 3 X	THE	THE	filed	20F
	2	2	be	E

Ed	Alddle, Last)	W. R	24 24	el			2. DATE OF DEATH MONTH	DAY	d'AR	3. TIME OF DEATH  5: 10 A	
4. SOCIAL SECURITY NUMBER	R 5.	SEX		eer birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year,	7	Countr	PLACE (State or Foreign	
214-34-2085		,	59	mo.	9b. CITY, TOWN	OR LOCATION OF D	May 3, 1	-	NTY OF D		
615 LOUISIAN	A AVENU	JE			CUMBE				LEGA		
MARYLAND	ALLEG/	ANY			MBERLAN				10d. INSIDE CITY LIMITS?  1 X YES 2 NO		
100. STREET AND NUMBER 615 LOUISIAN	IA AVENI	UE			10	21502		10g. CITIZEN OF WHAT COUNTRY?			
11. MARITAL STATUS 1 Never Married 2 M 3 Widowed 4 Divorce	farried 12	FORCES? 1 IF YES, GIVE W	X YES 2 AR OR DATES	NO ON	If yes, a	CENDENT OF HISPA pecify Cuban, Maxico S 2 X NO Specia		14. RACE Black Speci	E — American Indian, c, White, etc.		
15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 6+)  SUPERVISO						ION ost of working	BUSINESS/INI ANY CO UCATIO		BOARD		
17. FATHER'S NAME (First, MICE EDGAR REYNOL				18. MOTHER'S NA HELEN	WONN	den Sumeme)					
198. INFORMANT'S NAME (Type/Print)  ALPHA (PHARES) REYNOLDS  199. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  615 LOUISIANA AVENUE - CUMBERLAND, MD 2150											
20a, METHOD OF DISPOSITION 1											
21. SIGNATURE OF FUNERAL SERVICE LICENSEE  GEORGE-UPCHURCH FUNERAL HOME, P.A.  202 GREENE ST., CUMBERLAND, MD 21											
23. PART I. Enter the diseasea, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition										Approximate Interval Betwee Onaet and Dec	
disease or condition	•	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):									
Sequentially list condition from the condition of the con	ig y a	DUE TO	(OR AS A CONS	BEOUENCE OF	F):						
Sequentially list condition if any, leading to immedicause. Enter UNDERLYIN CAUSE (Disease or injurithat initiated events	lete IG y a	DUE TO	(OR AS A CONS	BEOUENCE OF	F):	ng cause given ir	PER	AN AUTOPSY FORMED? 3 2 NO	24b	WERE AUTOPSY FINDIN AWARABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1 YES 2 NO	
Sequentially list condition if any, leading to immedicause. Enter UNDERLYIN that initiated events resulting in death) LAST	d MEDICAL H	DUE TO	(OR AS A CONS	EQUENCE OF	F): In the underlyi  26.  OTHER:	PLACE OF DEATH (C	PER 1 VE	FORMED?	24b	AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?	
Sequentially list condition resulting in death)  Sequentially list condition if any, leading to immedicause. Enter UNDERLYIN CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant in the significa	d	DUE TO  DUE TO  Contributing to	(OR AS A CONS  (OR AS A CONS  death but not  ER/Outpetient INJURY ay, Year)	SEQUENCE OF SEQUEN	In the underlyi	PLACE OF DEATH (C me 5 A Residence JUSY AT ORK? YES 2 NO	1 TYES	FORMED?  3 2 \( \frac{1}{2} \) NO  W INJURY OC	CURED	AMALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1 YES 2 NO	

RCY & 9

12. REGISTRAN'S SIGNATURE

A Charles Andre

APR 05 1990

DALLIMONE, MARTLAND	24 hours after death. Page 6 may be retained by the hos	y filled in by the funeral director, page 5 should be detach, ition, or removal.	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOA 13149,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detactive filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR	STATE OF A	MARYLAND	/ DEPAR	TMENT	OF H	EALTH	AND I	MENTAI	L HYGIEN	E		
	1 - STATE REGISTRAR									REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)		_						MONTI	d DA	W	YEAR	
		MABEL									28, ]		
		CERTIFICATE OF DEATH  MABEL F. WILSON  MABEL F. WILSON  MACCOUNTY HOMBRIS  S. SEX B. S											
			,,	THS.	Oh CITY	TOWAY O	B LOCATI	ON OF DE		n 22,			
œ									EAIR				
유	Memorial Hos	3pitai			Cu	mbe	rıan	<u>a</u>			AI.	Legar	ıy
DIRECTOR	10e. STATE 10b. COUNTY			10c. CIT	Y, TOWN OF	R LOCAT	ION						
		GANY		C	<u>UMBER</u>	-							7171
¥	10e. STREET AND NUMBER					101.							HAT COUNTRY?
FUNERAL					1								
	1 Never Married 2 Married	FORCES? 1	YES 2	(NO	11	yes, spe	city Cuba	n, Maxica	in, Puarto I		or No -	Black,	White, atc.
B	3 Widowed 4 Divorced	IF YES, GIVE W	WAR OR DAIES		,	YES	5 M NO	Specify	y:			Specin	WHITE
			16a.	DECEDENT'S	USUAL OC	CUPATIO	N at of workin	na	16b	KIND OF BUS	SINESS/IND	USTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5	+)										
COMPLETED		2		HUMEM	AKER								
		VAN CAN	г								Surname)		
BE	19a. INFORMANT'S NAME (Type/Print)	VAIN SAIN		19b. MAILING	ADDRESS	(Street a					n. State. Zio	Code)	
2	JOHN WILSON										-		)2
	200, METHOD OF DISPOSITION			E OF DISPO	SITION (Nan	ne of cen	netery, cren	natory or					
	4 Donation 5 Other (Specify)	yel from State	_ REST	CAWN I	MEMOR	IAL	GAR	DENS		L	AVALE	, MA	RYLAND
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			ĞE	'O'RG'	APPRE	S OF FA	CH FI	UNERAL.	HOME	. Р.	Α.
	Prendy D. Tu	ochunch	/										
	23. PART I. Entar the diseases, Di c	omplications the	t caused the	daath. Do	nDt enter	the mo	de of dy	ing, suc	h ae cere	diac or reap	ratory arr	est,	
	IMMEDIATE CAUSE (Final	Liat only one cat	ise on aach i	0		-		1		0			
	diseeea or condition	. and	mi	OBs	true	lin	1 1	-cu		Lisca			
		DUE TO	(OR AS A CON	SEQUENCE O	F):								
S	Sequentially list conditions,	a	(OR AS A CON	SECUENCE O	n.								
CERTIFICATION	If any, leading to immediata cause. Enter UNDERLYING	002 10	(OR AS A CON-	SECOLINOE O	· ,.								
윤	CAUSE (Disease or Injury that initiated events	DUE TO	(OR AS A CON	SEOUENCE O	F):					<del></del>			
E	resulting in deeth) LAST	d											
2	PART II. Other elgolificent condition	e contribution to	death but no	t cesulting	In the un	derlying	COLLOR	alven in	Part I	24n WAS AN	AUTOPSY	24h	WERE ALTOPSY EINDINGS
3			)	r roaditing	III UIG UIN	derlying	Couda	given in	· mit i.			1	AVAILABLE PRIOR TO
	Co Di	11211	,							1 TYES 2	NO		OF DEATH?
Σ	Col puer	wonwy							—			- 1	1 YES 2 NO
PHYSICIAN: MEDICA	25. WAS CASE REFERRED TO MEDICAL					26. PL	ACE OF D	DEATH (Ch	neck only o	ne)			
Sic	EXAMINER?  1 YES 2 NO		☐ ER/Outpatient	3 🗆 DOA			e 5 □ R	asidencs	8 🗆 Othe	er (Specify)			
美	27. MANNER OF DEATH			28b. TIR	AE OF JURY	28c. INJ WO	URY AT		28d. DE	SCRIBE HOW I	NJURY OC	CURED	
ВУ					М			_ NO					
				home, farm,	street, facto	ory, offic			28f. LOC City	or Town, State)	and Number	or Aural A	loute Number,
E													
COMPLETED	(Check only		one survey										
8	2 MEDICAL EXAMINE		examination and	or investigati	on, in my o	pinion, d				and place, ar			William Service Control of
BE (	-1/1 / / / / 1		$\mathcal{O}$				29c. LIC	ENSE NU	MBER				
6	30, NAME AND ADDRESS OF PERSON WH	merc,	7				21	70	03			>-5	0-90

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

Dr Barrera APR 04 1990

Memorial Hospital Medical Building Cumberland, Md. 21502

DHMH-16 Rev 1/89

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR 1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CE	HIIFI	CALE	Ur	DEA	П	RI	EG. NO.				
	1. DECEOENT'S NAME (First, Middle, Last)								2. DATE OF D	EATH DAY	v	YEAR	3. TIME OF DEATH	
	BESSIE MA	λY	W:	INTER	S			- 1	April				3:15 Р. м	
	4. SOCIAL SECURITY NUMBER	5. SEX (	. AGE (In yrs. last	birthday)	IF UNDER 1		IF UNDER		7. DATE OF B (Month, Day	IRTH			HPLACE (State or Foreign	
	218-30-0257	1 M 2 F	72	YRS.	MONTHS	DAYS	HOURS	MIN.	12/5	/17		MAF	RYLAND	
i.	9a. FACILITY NAME (If not institution, give str	eet and number)	1 44								9c. COU	9c. COUNTY OF DEATH		
Œ	W 1 11 1 1				Cumberland							Allegany		
2	Memorial Hospital			Cumber Land							Allegany			
DIRECTOR	10a. STATE 10b. COUNTY			10c. CITY, TOWN OR LOCATION							10d. INSIDE CITY			
5	MARYLAND ALLEGA	NV		FR	OSTBU	TRG		(1	MONTEL	)			LIMITS?	
	10e. STREET AND NUMBER	71.17		1.10	50250	The same of the same of	ZIP COD				10g. CIT	IZEN OF	WHAT COUNTRY?	
FUNERAL	DE 1 DOY CEO			21532							U.S.A.			
N N	RT. 1, BOX 659	12. WAS DECEDENT	EVER IN U.S. AD	MED	13. W	NS DEC			C ORIGIN? (Sp	acify Yes	_		E — American Indian,	
	1 Never Married 2 Married	FORCES? 1	YES 2 K		H	yes, spe	cify Cube	n, Mexican	, Puerto Rican		01110-	Blac	k, White, etc.	
B	3 T-Widowed 4 Divorced	IF YES, GIVE WA	R OR DATES		1	∐ YES	2 M NO	Specify:				Spec	WHITE	
	15, DECEDENT'S EDUC	ATION	16a, DE	CEDENT'S	USUAL OC	CUPATIO	N		16b. KIN	D OF BUS	INESS/IN	DUSTRY		
Ë	(Specify only highest grade of	completed)	(G		ork done di	ork done during most of working								
7	Elamentary/Secondary (0-12)	College (1-4 or 5+)	,	NICETY					(T)	MILITA'	Y 17.7	СПОТ	ov	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			NSPE	CIUR		40 1407	urmin hi a i	ME (First, Middle	THIN		AL I CIL	/T	
ၓ							22					777		
BE	TAWRENCE EVERETT	WAMPLER							EMILY					
2	19a. INFORMANT'S NAME (Type/Print)								oute Number, C					
	JOHN KELLER		7						E PARK					
	20a, METHOD OF DISPOSITION  15 Burial 2 □ Cremation 3 □ Ramo	val from State	20b. PLACE other pla	ece)						20c. LO	CATION —	City or T	own, Stata	
	4 Donetion 5 Other (Specify)		REST	LAWN						Lay	ALE,	MAI	RYTAND	
	21. SIGNATURE OF FUNERAL SERVICE LICE	C AA	1		)			SS OF FAC		60 W	M. M.	AIN S	STREET	
	1 / Virilan	7/13	400114	211/		VERS	F'UN	IERAL					21532	
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest,  Approximate													
	ahock, or heart fallure. L	ist only one caus	e on aach iins	l.			_				•		interval Between	
	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Due to (or as a consequence of):  Sequentially list conditions.  Due to (or as a consequence of):  Currous Paraduttis + Euply Sense													
	reaulting in death)		23 101	12 00	0,70	7—	13		17					
		C1.00	on as a consci	2	1	1	i P	4	=		0.	0		
O		OUE TO (	OR AS A CONSEC	DUENCE OF	7:	(11	US	•	cupi	73	ein	34		
ATI	if any, leading to immediate cause. Entar UNDERLYING	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			,									
FIC	CAUSE (Disease or injury that initiated events	OUE TO (	OR AS A CONSE	QUENCE OF	า:									
Ē	resulting in death) LAST				•									
CERTIFICATION											t			
	PART ii. Other significant conditions		leath but not r	esuiting i	in the und	deriyin	cause	given in l	Part i. 24	. WAS AN		24	b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO	
EDICAL	purumon	Ma							1	YES 2			COMPLETION OF CAUSE OF DEATH?	
	,												1 YES 2 NO	
Σ									_					
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL					26. PL	ACE OF 0	DEATH (Che	ck only one)					
Sic	EXAMINER?	HOSPITAL:	FB/Outpetient 3	. □ noa	OTHER		. s 🗆 n	ealdence	6 Other (Sc	acity)				
¥	27. MANNER OF DEATH	28a. DATE OF I		26b, TIM		28c. INJ		1	28d. DESCRI		NJURY O	CCURED		
	1 Natural 5 Pending	(Month, Day	r, Year)	INJ	URY		PRK? YES 2	¬ NO						
BY	2 Accident Investigation	280 DI ACE OE	INJURY — At he	l torm	tract facts				204 LOCATIO	M /Ctmat a	and Mumb	er or Primal	Route Number,	
	3 Suicide 8 Could not be 4 Homicide detarmined		tc. (Specify)	nives, see m, s	Milest, McCit	ny, onic	•	1		wn, Stata)	ING NUMBER	er or norer	House Namos,	
COMPLETED														
집	29a. CERTIFIER (Check only	CIAN: To the best of r	ny knowledge, de	ath occum	ed at the tie	me, date	and place	e, and due	to the cause(s	) and mar	ner as st	sted.		
Ö	one) 2 MEDICAL EXAMINE	R: On the basis of ex	mination and/or	investigatio	in, in my o	pinion, d	leath occu	red at the	time, data and	place, an	d due to	the cause	(a) and manner as stated.	
	29b. SIGNATURE AND TITLE OF CERTIFIER	0						ENSE NUN			29d. DA	TE SIGNE	(Month/Day, Year)	
BE	Mark	/>	-	- U	いっ			35	उपर ।		•	41	5/98	
5	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUS	E ON DEATH (ITE	М 27) (Туре,	Print)							- (		
	Dr. Mark Sagin, M	demorial	Hospita	1,	Cumb	erl:	and.	MD	21502					
	APR 09 1990		'S SIGNATURE											
	H APK (19 1930	The state of the s												



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4	N: T	State	Hen	
>	SICIA	certi	1, 0	
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral dire be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner is	
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	10	P = 1	IMP	

1 - FOR STATE REGISTRAR	STATE OF MARY		TMENT OF I		MENTAL	HYGIENI REG. NO.	E		
1. DECEDENT'S NAME (First Mickile, Las Helen		tts ·	300		MONTH	of OEATH DA		EAR	TIME OF OFATH
4. SOCIAL TRURITY NUMBER  563-18-4346  90. MICHITY NAME (II not institution, give	1 🗆 M 2 💢 F	86 YRS.	IF UNDER 1 YEAR MONTHS DAYS  9b. CLTY, TOWN	HOURS MIN.	7. DATE (Month	OF BIRTH . Qay, Year)	8.	Country)	ce (State of Foreign ylvania H
Grosvenor Healt	th Care Cent	er	Beth	esda ,			Mont	ome:	cv.
10e. STATE 10b. COUN			Y, TOWN OR LOCA	Bethe		10d. INSIDE CITY LIMITS? 1 — YES 2 🔀			
10e. STREET AND NUMBER			10	1. ZIP CODE			10g. CITIZEN	OF WHAT	COUNTRY
5421 Waneta RC  11. MARITAL STATUS  1 Never Merried 2 Merried  3 Wildowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1   YES, GIVE WAR OF	ES 2 XNO	If yes, s	20816 CENDENT OF HISPA secify Cuban, Mexic 2 XNO Speci	an, Puerto F			RACE — Black, Wi	American Indien, hite, atc.
15. DECEDENT'S EI (Specify only highest gra Elementary/Secondary (0-12)	DUCATION ide completed) College (1-4 or 6+)		USUAL OCCUPATO work done during m se retired.)		16b.	KIND OF BUS	INESS/INDUS		
12.  17. FATHER'S NAME (First, Middle, Last)	4	Writer	/Editor	18. MOTHER'S N	AME /First A		emplo	ved	
H.L. Lamb				G0 15, 101		Lamb	outimina)		
19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	and Number or Rural			n, State, Zip Co	de)	
John L. Hoke  20e. METHOD OF DISPOSITION 1 Gurlal 2 & Cremation 3 Green		5421 20b. PLACE OF DISPOS		Road. Be			cation - ch		
1 Buriel 2 X Cremation 3 Re 4 Donation 5 Other (Specify)	emoval from State	other place) Montgomer							ryland
21. SIGNATURE OF FUNERAL SERVICE  Barbara Jo 7  23. PART I. Enter the diseases, of	nomullend		Rober	ND ADDRESS OF F. t A. Pum sda-Chev e. Bethe	phrey Cha	se, II	ica 3	5574	Visconsin
shock, or heart failur IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	e. List only one cause of	n each line.	wche	pre				,	interval Betwee Onset and Deat
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	AS A CONSEQUENCE O							
	d								
PART II. Other algolificant condition	ions contributing to deat	h but not reaulting	in the underlylr	g cause given in	n Part I.	24a. WAS AN PERFOR	MED?	CO OF	RE AUTOPSY FINDINGS ALABLE PRIOR TO MPLETION OF CAUSE DEATH?  YES 2 NO
25. WAS CASE REFERRED TO MEDICAL			26, F	LACE OF DEATH (C	Check only on	10)			
1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/C	Outpatient 3 🗆 DOA	OTHER:	ne 5 🗆 Residence	6 🗆 Othe	r (Specify)			
27, MANNER OF DEATH  1 Natural 5 Pending Accident Investigatio	28e. OATE OF INJU (Month, Day, Yes	RY 26b. Tile IN.	JURY W	JURY AT ORK? YES 2 NO	28d. OE\$	CRIBE HOW I	NJURY OCCUP	REO	
3 Suicide 6 Could not t 4 Homicide determined	building, atc. (	URY — At home, farm, Specify)	street, factory, offi	CO .	26t. LOC City	ATION (Street or Town, State)	and Number or	Rurel Rout	e Number,
one)	YSICIAN: To the best of my ki								d manner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIC	FIER	w		29c, LICENSE NU	UMBER	SC	29d. DATE S	IGNED (M	onth, Day, Year)
30. NAME AND ADDRESS OF PERSON  2. Aug. 31. OATE FILED (Month, Day, Year)	WHO COMPLETED CAUSE OF	)er	8 2	008 18 w	cs	con	sm'	0	ve m
MAR 2 9'90	Fulia David	son-Pandell	in.						

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	TO THE FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and completely	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely be filed within 72 hours after death with the State Dept. of Health and Memtal Hygiene prior to burfal, crematic

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFICA			IENTAL HYGIE REG. N				
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH SOUTH DAY YEAR 3. TIME OF DEATH			
	Margery	C. W	indes	ides March					:45 a.m.	
	4. SOCIAL SECURITY NUMBER 5.	SEX 6. AGE		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		BIRTNPLAC	E (State or Foreign	
	213-44-4512	□ M 2 🖾 F 7 9	YRS. MON	THS DAYS	HOURS MIN.	Nov. 6	1910	Country)	:	
	9a. FACILITY NAME (If not institution, give street			CITY, TOWN OR	LOCATION OF DE		9c. COUNT	Y OF DEATN		
<u>۳</u>	Montgomery Gen	eral Hosp	ital	Olney			Mon	tgome	ery	
DIRECTOR	RESIDENCE OF DECEDENT							Line		
뿐				WN OR LOCATIO					INSIDE CITY	
	MD. MON'T	GOMERY			PRING			- 41	YES 2 NO	
FUNERAL	7.7 E-1 E-1 E-1 E-1 E-1 E-1 E-1 E-1 E-1 E-1			101. 7	ZIP CODE			EN OF WNAT		
y		NHAM TERF			20906	C ORIGIN? (Specify		.S.A.		
	1 Never Married 2 Married	P. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	22 NO	If yes, spec	offy Cuban, Maxican	, Puerto Rican, atc.)	res or No		merican Indian, ite, atc.	
B	3 Widowed 4 Divorced	IF YES, GIVE WAN ON D	Ales	1   YES 2	NO Specify:			Specify:	HITE	
	15. DECEDENT'S EDUCAT (Specify only highest grade con	ION	16a. DECEDENT'S USU (Give kind of work	IAL OCCUPATION	of working	18b. KIND OF E	USINESS/INDU	STRY		
4		College (1-4 or 5+)	Iffe. Do NOT use rei	lired.)	or working					
MP.	12		HOMEM	AKER		A	T HO	ME		
ĝ	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAM	AE (First, Middle, Mald	en Sumeme)			
BE-COMPLETED	CALVIN	CRAMER			HA	TTIE	WH	EELAN	ID	
0	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADI	DRESS (Street and	d Number or Aural A	oute Number, City or 1	own, State, Zip (	Code)		
STEPHEN WINDES   SAME AS ITEM #10										
	20a, METNOD OF DISPOSITION 1 Burlal 20a Cremation 3 Remova	I from State	b. PLACE OF DISPOSITION other place)			LOCATION — City or Town, State				
	4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICEN:	ŶEE	CHAMBER	IAMBERS CREMATORY R					MD.	
	- al-al-al	1		22. NAME AND	ADDRESS OF PAC	SI	LVER :	SPRIN	IG, MD.	
	W.W. Chan	luna	M00091	W. W.	CHAMB	ERS CO.	INC.		20910	
	23. PART I. Entar tha diseesas, or con shock, or heart fallure. Lis			entar tha mod	e of dying, such	se cardiec or res	piratory erre	et,	Approximata Intarvai Between	
	IMMEDIATE CAUSE (Final	A THE RESIDENCE OF THE PARTY OF							Onset and Death	
- 1	disease or condition resulting in death) a		rcenebral	Hemone	haise				2 0445	
- 1		DUE TO (OR AS	A CONSEQUENCE OF):					l		
8	Sequentially list conditions, b.	DUE TO (OR AS	A CONSEQUENCE OF):							
CERTIFICATION	if any, leading to immediata cause. Enter UNDERLYING	DOE TO (OH AS	A CONSECUENCE OF).					j		
윤	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS	A CONSEQUENCE OF):							
	reaulting in death) LAST									
	PART II Other significant conditions					2		1		
Ŋ.	PART II. Other significant conditions of	then ic RENA		na underlying	cauae given in i		AN AUTOPSY ORMED?	AVA	RE AUTOPSY FINDINGS ILABLE PRIOR TO IPLETION OF CAUSE	
		THE RESTA	PAPICOICE			1 YES	2 NO		DEATH?	
Ξ						_		10	YES 2 NO	
ÿ										
PHYSICIAN: MEDI		IOSPITAL:		THER:	ACE OF DEATN (Che					
¥	1 YES 2 NO 1	Inpatient 2 ER/Out  28e. DATE OF INJURY	patient 3 U DOA 4 (			8 Other (Specify) 28d, OESCRIBE HO	N IN ILIEN OCCI	IBEO		
	1 Natural 5 Pending	(Month, Day, Year)	INJURY	WOR		280. OESCHIBE NO	INJUNI OCCI	UNEO		
B	2 Accident Investigation 3 Suicide & Could not be	28e. PLACE OF INJUR	Y — At home, ferm, stree			28f. LOCATION (Stre	et and Number o	or Rural Route	Number.	
ᇣ╽	3 Suicide 8 Could not be 4 Homicide determined	building, etc. (Spe	ecify)			City or Town, Sti	ite)			
١٣	29a. CERTIFIER 1 CERTIFYING PHYSICIA	N: To the heat of my know	riadra dasth occurred a	t the time date of	and place, and due	to the course(s) and s	nannar as sista	4		
COMPLETED	(Check only one) 2 MEDICAL EXAMINER:								manner ea stated.	
	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUM				nth, Day, Year)	
H	Bar	on Heel			D1919				24,190	
۵	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF D	EATH (ITEM 27) (Type, Prin	nt)					.,	
	BARRY	HECHE , M.			+ DOUVE	WHEAT	ON M	0 20	906	
	31. DATE FILED (Month, Day, Year)  APR 02 90	32. REGISTRAR'S SIG	NATURE Sandage					-		

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	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTMI CERTIFICA				YGIENE EG. NO.	
	1. DECEDENT'S NAME (First, Middle, Last	nov	B. WALKER	2//	(CN)	2. DATE OF D MONTH	122 9	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 578 18 5217  9a. FACILITY NAME (If not institution, give	1 □ M 2X F 73	YRS. MON		IF UNDER 24 HRS. HOURS MIN.	7. DATE OF B (Month, Da) July	2 1916	BIRTHPLACE (State or Foreign Country) Washington
СТОЯ	RESIDENCE OF DECEDENT	en. Hee	P. K	( ic	V d 2	le	Pur	ce for vac
M		nce Georges		ttsv:	ille			10d. INSIDE CITY LIMITS? 1 YES 2 NO
NAME OF THE PERSON	6030 Sargent	Road		101.	20782		U . S	A .
BY FU	11. MARITAL STATUS  1 Never Married 2 Married  3 Wildowed 4 Divorced	12. WAS DECEOENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	If yes, spe	ENDENT OF HISPAN scify Cuban, Maxica 2 NO Specify	n, Puerto Rican		Black, White, etc.  Specific: Black
COMPLETED	15. DECEDENT'S ED (Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 +)	16a. DECEDENT'S USUA (Give kind of work of life. Do NOT use retic Homemal	one during mos ed.)	N st of working	2000	of Business/Indus	тяу
BE CON	17. FATHER'S NAME (First, Middle, Last) Robert By:	rd			16. MOTHER'S NAM Marten	a B	lue	
TO BI	Montley L. Wal			arger	nt Road		tsville,	Md. 20782
	Donation 5 Other (Specify) — 21. SIGNATURE FUNERAL SERVICE	moval from State	Gate of H	eaver	n Cemet	CILITY		Spring MD.
AL CERTIFICATION	Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	bDUE TO (OR AS /	A CONSEQUENCE OF):  A CONSEQUENCE OF):	hy.	CdVd	list	Des	Onset and Deetl
MEDICAL C	PART II. Other significant condition	ons contributing to death I	but not resulting in th	a underlying	g cause given in		WAS AN AUTOPSY PERFORMED? YES 2 1 NO	24b. WERE AUTOPSY FINDINGS AMBLABLE PRIOR TO COMPLETION OF CAUSE OF GEATH? 1   YES 2   NO
PHYSICIAN: MEI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL: 1   Inpatient 2   ER/Out		HER:	ACE OF DEATH (Ch			
ву рну	27. MANNER OF DEATH  1 Statural 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJ WO	URY AT RK?  YES 2 NO		BE HOW INJURY OCCU	RED
8	3 Suicide 6 Could not b 4 Homicide determined	28e. PLACE OF INJUR building, etc. (Spe	Y — At home, farm, street city)	, lactory, office		28f. LOCATIO City or To	N (Street and Number or wn, State)	Burel Route Number,
COMPLET	one) 2 MEDICAL EXAMI				eath occured at the	time, date and	place, and due to the	cause(a) and manner as stated.
TO BE COM	296. SIGNATURE AND TITLE OF SENTING	Jagues	EATH (ITEM-27) (Type, Print		DO S	397	29d. DATE S	BIGNED (Month, Day, Your)
-	31. DATE FILEO (Month, Day, Year) APR 02 390	32. REGISTRAR'S SIGN	NATURE AMADEL					

3. TIME OF DEATH 5

10d, INSIDE CITY

14. RACE — American Indian, Black, White, atc.

Specify:

1 YES 2 X NO

white

Approximate

24b. WERE AUTOPSY FINDINGS

AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?

1 YES 2 NO

70

Interval Between Onset and Death

a. BIRTHPLACE (State or Foreign

Missouri

COUNTY OF DEATH

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

use as the burial-transit permit. Pages 1, 2, 3 should attending physician.

BALTIMORE, after death. Page 6 may

De of director, page 5

filled in by the funeral

completely

and

executed within

203-3146

BOX 13146, P.0. DIVISION OF VITAL RECORDS,

OR ATTENDING PHYSICIAN; The law requires that the death certificate be

THE HOSPITAL

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DHMH-18 Rev 1/89

part of the second section is

Later problems

should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should

otified at once.

ned by the hospital or attending physician. ARYLAND 21203-3146

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-cours after a	TO THE FUNERAL DRECTOR: After this certificate has been signed by the attending physician and completely filled in by the	the med within 12 from a dret useful with the State Copt, or regard any injury, or other traumatic event, the medical within the medical within the country or other traumatic event, the medical within the country or other traumatic event, the medical within the country or other traumatic event, the medical within the country or other traumatic event, the medical within the country or other traumatic event, the medical within the country or other traumatic event, the medical within the country or other traumatic event, the medical within the country or other traumatic event, the medical within the country or other traumatic event, the medical within the country or other traumatic event, the medical within the country of the country or other traumatic event, the medical within the country of the country or other traumatic events.	
	2	2	g Z	

FOR STATE REGISTRAR	STATE OF MA	RYLAND / DEPAR CERTIF	TMENT OF I		MENTAL HYGIEN REG. NO		
1. DECEDENT'S NAME (First, Middle, Lest)	ace V	While			2. DATE OF DEATH MONTH MONTH	195	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 214-34-5205	5. SEX 6.	AGE (In yrs. lest birthday) 82 YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 4-16-07	0.	BIRTHPLACE (State or Foreign Country)
9a. FACILITY NAME (If not institution, give se PENINSULA GENE		TAL		OR LOCATION OF DE ALISBURY .	MARYLAND	9c. COUNTY	OF OEATH WICOMICO
RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY		10c. CITY	r, TOWN OR LOCA				10d. INSIDE CITY
Maryland Some	erset	Pr	incess	Anne		10g. CITIZEN	1 YES 2 NO
Route 1, Box	104, Peg		12 WAS OF	21853	HC ORIGIN? (Specify Ve		J.S.
1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 [	YES 2 NO	If yes, sp		n, Puerto Rican, atc.)	S OF NO.	Black, White, atc.  Specify:
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	16a. OECEDENT'S (Give kind of w life. Do NOT us	vork done during m	ON ost of working	16b. KIND OF BU	SINESS/INDUST	
12 17. FATHER'S NAME (First, Middle, Last)		House	ewife	16 MOTHER'S NA	ME (First, Middle, Malden	Surnamal	
Nolan White					e Vetra	Surraine)	
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street		Route Number, City or Tox	n, State, Zip Co	de)
Percy A. White	)	Route	1 . B	ox hole ]	Princess	Anne,	Md. 21853
4 Donation 5 Other (Specify)  21. Sumature OF FUNERAL BERGCE LICE	innan)	St. Andre	Hin	nd address of fa		9	Anne, Md.
23 AMT I. Enter the diseases, or shock, pr heart fellure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause	Congration	18 HE	ed fail	uñ	iretory screat	Approximate interval Between Onset end Dear 1 WITER
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	C	R AS A CONSEQUENCE OF	r):	31010			
PART II. Other significent condition	s contributing to de	eeth but not resulting	in the underlyle	ng cause given in	Part I. 24s. WAS AI PERFO	RMED?	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. F	LACE OF DEATH (Ch	eck only one)		
1 YES 25 NO 27. MANNER OF DEATH	1 Sinpatient 2 E	ER/Outpatient 3 DOA  JURY 26b. TIM	4 - Nursing Ho	-	6 Other (Specify)	Musey cooks	
1 Natural 5 Pending 2 Accident Investigation	(Month, Day,	Year) INJ	M 1	JURY AT ORK? YES 2 NO	28d. OEŞCRIBE HOW	INJURY OCCUP	IEO
3 Suicide 6 Could not be 4 Homicide detarmined	28e. PLACE OF ( building, et	INJURY — At home, farm, a c. (Specify)	street, factory, offi	G.	28t. LOCATION (Street City or Town, State		Rural Route Number,
and the second s		y knowledge, death occurr mination and/or investigation					euse(a) and manner as stated.
296. SIGNATURE AND TITLE OF CERTIFIE	00			29c. LICENSE NUI			GNED (Morith, Day, Year)
30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE	OF DEATH (ITEM 27) (Types	Print) Bluf	2;694	1. sbunji M		III.
31. DATE FILED (MONEY, Day, there)		signature Randelle					

FOR STATE REGISTRAR

	1. DECEDENT'S NAME (First, Middle, Last)	Deer		4		7 74 7	most	2. DAT	E OF DEATH	1	2012	TIME OF DEATH
	NUSA	Rosa	JAI	tee		WAL	TON	MON	E OF DEATH	R THE	Arado-	A 61.1
	4. SOCIAL SECURITY NUMBER				IF UNDER 1		IF UNDER 24 HRS	7. DAT	E OF BIRTH	`	8. BIRTHPLA	CE (State or Foreign
	577-34-7862	1 □ M 2 🖺 F	82	YRS.	IONTHS	DAYS	HOURS MIN.	Fe	b. III,	1908	Virg	inia
	Pa. FACILITY NAME (If not institution, give so Frederick Memor		4.7		9b. CITY,		R LOCATION OF				TY OF DEATH	
1	RESIDENCE OF DECEDENT	Tar nosbr	Lal			Ľ.	rederi	CK .		Fred	derick	<u> </u>
1	10a STATE 10b. COUNT			10c. CITY,							100	I. INSIDE CITY LIMITS?
I.		lerick		. M	lount	-					1 [	YES 2 NO
ŀ	10e. STREET AND NUMBER	Davi sau				101.	ZIP CODE			10g. CITIZ	EN OF WHAT	
ŀ	13793 Blythedale	12. WAS DECEDENT	ENER IN II O	1.0000	T 40 11		217	• —			U.S.A	
ı	1 Never Married 2 Married	FORCES? 1	YES 2	X No	11	yes, spec	cify Cuban, Mex	Ican, Puart	ilN? (Specify Yea o Rican, atc.)	or No-	Black, WI	
	3 Wildowed 4 Divorced	ir res, dive we	ON DATES		'	TES .	2 M NO Spe	cny.			Specify:	White
I	15. DECEDENT'S EOU (Specify only highest grade		164	. DECEDENT'S U	rk done du			10	Sb. KIND OF BUS	SINESS/INDU	JSTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5+)		He. Do NOT use					TT			
ŀ	17. FATHER'S NAME (First, Middle, Last)			Homema	wer.		40 MOTHERIO	NAME (Stant	H Om 6			
1	Joseph Sale								ee Gray	,		
ľ	19a. INFORMANT'S NAME (Type/Print)	· · · · · · · · · · · · · · · · · · ·		19b. MAILING A	DDRESS	(Street an			mber, City or Tow		Code)	
	Catherine W. Grad	ly		13793	Blyt	hed	ale Dri	.ve,	Mt. Air	y, Mo	1. 217	771
	20e. METHOD OF DISPOSITION 2 Burlel 2 Cremetion 3 Rem	noval from State	20b. PL	ACE OF DISPOSIT	TION (Nan	ne of cem	etery, crematory o	OF .			ity or Town,	
	4 Donation 5 Other (Specify)		Elk	Run Ce			D ADDRESS OF		EIL	ton,	Virgi	nia
	21. SIGNATURE OF PONERAL SERVICE LI	C Mark	1	M00021	22. N				ford Fu	neral	L Home	
4	23. PART I. Enter the diseases, pr	C. May										Md. 21
CERTIFICATION	disease or condition resulting in deeth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initisted events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):											
MEDICAL OF	PART II. Other significent condition		leeth but r	not resulting in	the unc	derlying	ı ceuse given	in Part I.	24a. WAS AN PERFOR	RMED?	CO OF	RE AUTOPSY FINDI NLABLE PRIOR TO MPLETION OF CAUS DEATH?
FILTSICIAN:												
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER	:	ACE OF DEATH					
2	1 YES 2 NO  27. MANNER OF DEATH	1 Inpetient 2 I		26b. TIME	_	Ing Home 28c. INJU	5 🗆 Residen	-	har (Specify) ESCRIBE HOW I	NJURY OCC	URED	
	1 Netural 6 Pending Investigation	(Month, De)	( Year)	INJU	RY M	1 Y	RK? 'ES 2 NO					
	2 Accident		INJURY — itc. (Specify)	At home, farm, st	reet, facto	ory, office			OCATION (Street fty or Town, State)		or Rural Route	Number,
- 1	3 Suicide 6 Could not be		100000000						iy or lown, orallo,			
	3 Suicide 6 Could not be 4 Homicide determined											
	4 Homicide determined  299. CERTIFIER (Check only 1) PERTIFYING PHYS	SICIAN: To the best of n										d manner as state
	4 Homicide determined  299. CERTIFIER (Check only 1) PERTIFYING PHYS	SICIAN: To the best of n						tha time, de		nd due to the	o cause(a) an	d manner as state
	29e. CERTIFIER (Check only one) 29 MEDICAL EXAMIN 29b. SIGNATURE AND TITLE OF CERTIFIE	SICIAN: To the best of n ER: On the bests of exe	mination en	d/or investigation	, In my op		eath occured at	tha time, de		nd due to the	o cause(a) an	
Ì	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	SICIAN: To the best of n ER: On the bests of exe	mination en	d/or investigation	, In my op		29c. LICENSE	NUMBER	ata end placa, ar	nd due to the	o cause(a) an	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

Mark and the second

TO BE COMPLETED BY FUNERAL DIRECTOR.

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Tilled	J. (	9
<ol> <li>DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral dir.</li> </ol>	2 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	t item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner
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After	death	Em s
OR:	fter	8
DIRECT	HOURS A	t item 28
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

IMPORTANT: I

FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF I		MENTAL	HYGIEN	E			
1. DECEDENT'S NAME (First, Middle, Last) Walter	Н.		WILLS,	Jr.	2. DATE O	of DEATH	" 1990"	3. 1 2:	140 P.	
4. SOCIAL SECURITY NUMBER 217-16-2140	1 (XM 2 □ F 6	(In yrs. last birthday) 6 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		ch 30,	1924	Mar.	yland	
9300 GraniteCirc			· ·	ederick	EATH	9c. COUNTY OF DEATH Frederick				
Maryland Fre	ederick		y, town on Loca rederich					10d	INSIDE CITY LIMITS? YES 24 NO	
9300 Granite C	ircle		10	21701			10g. CITIZEN OF WHAT COUNTRY?			
11. MARITAL STATUS 1 Never Married 2 A Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	If yes, s	CENDENT OF HISPAI Decity Cuban, Mexica 3 2 0 NO Specif		or No.— 14	Black, Wh Specify:	American Indian, lite, atc. White		
15. DECEDENT'S ED (Specify only highest grac Elementary/Secondary (0-12)	UCATION le completed) College (1-4 or 5+)	16a. DECEDENT'S (Give kind of w life. Do NOT us	work done during m		16b.		and S		Company	
17. FATHER'S NAME (First, Middle, Last) Walter H. Wills,	Sr.	0011		18. MOTHER'S NA		liddle, Malden			- mpany	
190. INFORMANT'S NAME (Type/Print) Mrs. Yvonne U. W.			19th MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 34-A Fourth St., Frederick, Md. 21701							
20 METHOD OF DISPOSITION  1 Duriel 2 Cremetton 3 Rec 4 Donation 5 Other (Specify)  21. SIGNATURE OF PUNERAL SERVICE L	noval from State	Mount Ol:	cc of Disposition (Name of competery, cremetory or wholeon) unt Olivet Cemetery  122. NAME AND ADDRESS OF FACILITY							
23. PART I. Enter the diseases, or ahock, or heart fellure	complications that cause. List only one cause on e	MOOO21	106	eney and East Choose of dying, aud	urch	St.	Frede	rick.	Md. 2170 Approximate Interval Between	
IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions,	DUE TO (OR AS			gru Mz	ph-	0 101 8	3		Onset and Deat	
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	с	A CONSEQUENCE OF								
PART II. Other eignificent condition	one contributing to death i	out not resulting i	in the underlyir	ig cause given in	Part I.	24a. WAS AN PERFOR	AMED?	AMA COI OF	RE AUTOPSY FINDINGS ILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28, F	LACE OF DEATH (C/	heck only on	•)				
1 VES 2 NO  27. MANNER OF OEATH  1 Netural 5 Pending	1 Inpatient 2 ER/Out  28e. DATE OF INJURY (Month, Day, Year)	28b, TIM	4 Nursing Hori E OF 28c. IN URY W	JURY AT ORK?			NJURY OCCU	RED		
2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJURY	Y — At home, farm, a		YES 2 NO 281. LO		LOCATION (Street and Number or Rural Route Number, City or Town, State)			Number,	
	SICIAN: To the best of my know								d manner as stated.	
391, 310HAMURE AND TITLE OF CERTIFI	24			29c. LICENSE NU	MBER				nth, Day, Year)	
Dr. P. Gregory 1 31. Date Filed (Month, Dey, Nat)		501 Wes		th St., F	rede	rick,	Md. 2	1701		
100 1 6 1000	Julia Davidson	Pandell								

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or atte	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use a	2 hou	IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - STATE REGISTRAR	STATE OF MARYLA				EALTH AND DEATH	MENTAI	REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last).			9.			1101171	OF DEATH	,		ME OF DEATH	
	Henrietta	Wolle	Wi	ndsor			MONTE	03/30/	90		3:00AM	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (	h yrs. lest him day			IF UNDER 24 NRS.	7. DATE	OF BIRTH	8.	BIRTHPLAC	E (Stete or Foreign	
. 1	219-32-1131	1   M 2   XE	85 AS.	MONTHS	DAYS	HOURS MIN.	0.8	26/04		MD (Country)		
	in. FACILITY NAME (If not institution, give stre	eet and number)		9b. CITY.	TOWN 0	R LOCATION OF D		1	9c. COUNTY			
2	Anne Arundel Me				napo				Ann	e Aru	ndol	
2	RESIDENCE OF DECEDENT	arcar center		] MI	парс	1112			MIII	e ALU	nuei	
FUNERAL DIRECTOR	10e. STATE 10b. COUNTY MD Ann	e Arundel	10c. C	evern	a Pa	ion ark				10d.	INSIDE CITY	
ERAL	100. STREET AND NUMBER 210 Kennedy Driv	ve			101.	ZIP COOE 21	146		10g. CITIZEI	S.A.	COUNTRY?	
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO If yes, specify Cuban, Maxicar				an, Puarto I		or No- 14	Specify:	merican Indian, ita, atc. hite	
	15. DECEDENT'S EDUC		16a. DECEDENT	'S USUAL OC	CUPATIO	ON .	16b	KINO OF BUS	INESS/INDUS	TRY		
COMPLETED	(Specify only highest grade of Elementary/Secondary (0-12)		(Give kind a life. Do NOT	f work done a	luring mo	st of working	1		111-1221			
7	Elementary/Secondary (0-12)	College (1-4 or 5+)	Stor	e Kee	ner			Owner				
Σ	17. FATHER'S NAME (First, Middle, Last)		DCOL	c nec	DCI	16. MOTHER'S N	AME (First I		Sumama)			
	William Wolle	So						toria		T.		
R	19a. INFORMANT'S NAME (Type/Print)	JK.	T 405 14411 II	10.4000500	CD44							
2	1981. INFORMANT S NAME (Typer-rint)											
·	Miss Rayetta M.				_						21146	
	20a. NETHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Ramo 4 Donation 5 Other (Specify)	val from Stata	other place) Loudon			netery, crematory or			imore		itata	
	21. SIGNATURE OF PUNITURE LICE	ELYSEE				D ADDRESS OF F			Ritchi everna	-	MD 21146	
	On Da Dall Cotos the diseases or o	Wylariana that cause	the death Dr	not enter	Aha ma	عدم المراجع عدد		dian as reami	toni arres		Approximate	
	23. PARTIL Entar tha diseasea, or co ehock, or heart fellure. L			not enter	the mu	de of aying, su	Ch aa can	diac or reap	ratory arres	ν,	interval Between	
	IMMEDIATE CAUSE (Final	11				/	~~~		4.4		Onset and Death	
	diseese or condition resulting in deeth)	ACUIL	CON	ON	An	7 11	JUHI	CIGA	VCY			
- 1		OUE TO (OR AS A	CONSEQUENCE	OF):		- 4 -	2					
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CERTIFICATION	Sequentlelly let conditione, if sny, lesding to immediate	OUE TO (OR AS A	CONSEQUENCE	OF):								
S	CAUSE (Disesse or injury	STRO										
	thet initiated events	DUE TO (OR AS A	CONSEQUENCE	OF):								
E	resulting in death) LAST	1										
	BART II OH I - III A III			. I - M			- D- AI					
AL	PART il. Other significant conditions	s contributing to death b	ut not recuiting	g in the un	deriyin	g cause given ii	n Part I.	24a. WAS AN PERFOR		AVA	RE AUTOPSY FINDINGS ILABLE PRIOR TO	
8								t TYES 3	NO		IPLETION OF CAUSE DEATH?	
	l									1 🗆	YES 2 NO	
3												
A	25. WAS CASE REFERRED TO MEDICAL				26. PI	ACE OF DEATH (C	Check only o	ne)				
Sic	EXAMINER?	HOSPITAL:	atlent 3 DOA	OTHER 4 Num		ne 5 🗆 Realdence	6 Othe	er (Specify)				
PHYSICIAN: MEDICAL	27. MANNED OF DEATH	28a. DATE OF INJURY	28b. T	IME OF	26c. INJ	JURY AT		SCRIBE HOW I	NJURY OCCU	REO		
	1 Natural 5 Pending	(Month, Day, Year)	"	M M		PRK?						
BY	2 Accident Investigation 3 Suicide & Could not be	26s. PLACE OF INJURY	- At home, ferr	n, atreet, fect			28f. LOC	CATION (Street I	and Number or	Rural Route	Number.	
E	4 Homicide 6 Could not be	building, atc. (Spec	alfy)				City	or Town, State)				
Ē	24e CEPTIEIER						1		_			
₽F	(Critical orny	CIAN: To the best of my know										
COMPLET	2 MEDICAL EXAMINE	R: On the basis of examinatio	n and/or investiga	ition, in my o	pinion, c	leath occured at th	e time, data	a and placa, an	d dua to tha	cause(s) and	f manner as stated.	
	29b. SIGNATURE AND TITLE OF CONTIFIER	ł				29c. LICENSE N	UMBER				nth, Day, Year)	
BE	16/100	-				033	75	7	▶ 3	-30	-90	
2	30 NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUSE OF DE	ATH (ITEM 27) (5	ena Deintl		- 5 5					, 0	

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WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

FARM

OF PERSON WHO COMPLETED CAUSE OF PERSON WHO COMPLETED CAUSE CAUSE CONTROL OF PERSON WHO COMPLETED CAUSE CONTROL OF PERSON WHO COMPLETED CAUSE CONTROL OF PERSON WHO COMPLETED CAUSE CONTROL OF PERSON WHO COMPLETED CAUSE CONTROL OF PERSON WHO COMPLETED CAUSE CAUSE CONTROL OF PERSON WHO COMPLETED CAUSE

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31. DATE FILED (Month, Day, Year)

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache		IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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APR 03 '90

32. REGISTRAR'S SIGNATURE Julia Saydon-Randelle

1	FOR STATE REGISTRAR  1. DECEDENT'S NAME (First, Middle, Last)	STATE OF MARY	CERTIF						REG. NO.	_		3. TIME OF DEATN
	Lawrence	IN	ide.					MONTH	3	AY	de X	9:450
	4. SOCIAL SECURITY NUMBER		E (In yrs. last birthday)	IF UNDER 1	YEAR	IF UNDER	24 HRS.	7. DATE OF			S. BIRTH	IPLACE (State or Foreign
	302-46-8496	1- M 2 - F	41 YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, L	30. I	1948	Ohi	
	9e. FACILITY NAME (If not institution, give st		11	9b. CITY, 1	IO WWO	R LOCATI	ON OF DE		00,		NTY OF D	
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DIRECTOR	RESIDENCE OF DECEDENT	oc Buch	VISA 105	100								
	100. STATE 10b. COUNTY	0		Y, TOWN OR								10d. INSIDE CITY LIMITS?
9	Maryland Y	ontom	2M	Germa								1 YES 2 X NO
FUNERAL	100. STREET AND NUMBER	o Place			101.	ZIP COD				_		Tates
y I	13320 Cloverdal											
2	11. MARITAL STATUS  1 Never Merried 2 Merried	12. WAS DECEDENT EVER FORCES? 1   YE	S 2 NO					NC ORIGIN? ( in, Puerto Ric		or No—	14. RACI	E — American Indien, k, White, atc.
0	3 Wildowed 4 Divorced	IF YES, GIVE WAR OR	DATES	1 [	YES	5 [X ⊌0	Specify	y:			Spec	Black
- 41	15. DECEDENT'S EDUC	CATION	16e. DECEDENT'S	USUAL OCC	UPATIO	N		16b. K	IND OF BUS	SINESS/IN	DUSTRY	
COMPLEIED	(Specify only highest grade Elementery/Secondary (0-12)	College (1-4 or 5+)	(Give kind of life. Do NOT u	work done du se retired.)	ring mos	I of working	ng					
	Eldinormal y to 12/	4	Journa	alist					News	papei	cs	
5	17. FATHER'S NAME (First, Middle, Last)					16. MOT	HER'S NA	ME (First, Mid	idle, Meiden	Surname)		
	John Wade					Cl	ara	Mabel	Moor	ce		
	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (	Street ar	nd Number	r or Rural I	Route Number	City or Tow	n, State, Zi	p Code)	
2	Deborah Burstion-	-Wade	13320	Clove	erda	le I	Place	e Ger	mant	own,	MD	20874
	20e. METHOL OF DISPOSITION  1  Burlel 2  XCremation 3  Remo	oval from State	other place)  Montgome					Inc.		hesda		wn, State aryland
	21, SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	11011 Og Ome.	-								-
		mah	M00198									Rockville,
	23. PART I. Enter the diseases, pr c ahock, or heert fellure. IMMEDIATE CAUSE (Finel	complications that cause on List only one cause on	ned the deeth. Do	not enter ti	he mpo	de of dy	ing, auc	h aa cardia	c or respi	iretory ar	rest,	Approximate Interval Between Onset and Death
	disease or condition resulting in death)	DUE TO (OR AL	S A CONSIGNITIVE O	1	an	NIO	1 (	1/2	rest			43 mn
	Sequentially list conditions,	DUE TO (OR A)	A CONSEQUENCE O	5	re	m	K)		,			Summ
OEUILICALION	it any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a Glisa	2 (a) massequence of	ul	Ma	ling	nov	1-1	3/w	cy to	mu	) 6 mm ?
	resulting in death) LAST	d.								,		
5	PART II Oak also tillosed dialos											
₹∥	PART II. Other significent condition	, ,		In the und	eriying	cause	given in	Part I. 2	44. WAS AN PERFOR		24b	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
á		typertan	1) 1/20					_   1	X YES 2	□ NO		OF DEATH?
												1 WES 2 NO
PHISICIAN: MEDICA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:		ACE OF D	EATN (Ch	eck only one)				
2	1 ☐ YES 2XXNO	1 Pinpatient 2 ER/O		4 🗆 Nursi	ng Nome		esidence	8 Other (	-			
10	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJUR (Month, Day, Year		ME OF 2 JURY M	WOI	RK?	] NO	28d. DESC	RIBE HOW I	INJURY OC	CURED	
	3 Suicide 6 Could not be datermined	28e. PLACE OF INJU building, etc. (S	RY — At home, farm, pecify)	street, factor	ry, office	)			ION (Street Town, State)		or or Runal i	Route Number,
COMPLEIED		ICIAN: To the best of my kn										s) and marrier as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER		H:	D		29c. LIC	ENSE NUI					(Month, Day, Year)
2	30, NAME AND ADDRESS OF PERSON WN	O COMPLETED CAUSE OF	DEATH (ITEM 27) (5~	Print1					0		2/	31/90
	30. NAME AND ADDRESS OF PERSON WN	YA 8006	Glento	יריים	Re	( B	elle	sela	Md	20	810	1

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the flow feath. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTION, After this certificate has been signed by the attending physician and completely filled in by the funeral directior, page 5 should be detached for use as the bunal-transit pe filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatte event, the medical examiner must be notified at once.

OR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENT	AL HYGIENI
EGISTRAR	CERTIFICATE OF DEATH	REG. NO.

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.										
	1. DECEOENT'S NAME (First, Middle, Last,				2. DATE OF DEATH MONTH	DAY	YEAR 3. TI	IME OF DEATH			
	4. SOCIAL SECURITY NUMBER	JELL SEX BAGE		NDER 1 YEAR   IF UNDER 24 HRS	7. DATE OF BIRTH	29 9	A. BIRTHPLAC	2.03PM			
	101-01-3738	1 1 M 2 □ F	YRS. MON	THS DAYS HOURS MIN.	(Month, Blay, Year)	03	POL	-AND			
2	HEBREW A	omer)	9b. F	CITY, TOWN OR LOCATION OF	L.	MO!	V TG	TGOMERY			
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE 10b. COUN	TY	10c. CITY, TO	WN OR LOCATION				INSIDE CITY			
5	New York Kin	gs	В	rooklyn				LIMITS? XYES 2 NO			
NEHAL	10e. STREET AND NUMBER			10f. ZIP CODE		10g. CITIZ	EN OF WHAT				
ב צ	557 Avenue "Z"	12. WAS DECEDENT EVER IN	III ADMED	11223		1	U.S.A				
2	1 Never Married 2 Married 3 X Widowed 4 Divorced	FORCES? 1 YES	2 NO	13. WAS DECENDENT OF HISI If yes, specify Cuben, Max 1 YES 2 NO Spe	ican, Puerto Rican, stc.)	res or No—	Specify:	merican Indian, ita, atc. White			
3	15. DECEDENT'S ED (Specify only highest grad	UCATION fe completed	16a. DECEDENT'S USU	AL OCCUPATION	16b. KIND OF E	USINESS/INDL		· · · · · · · · · · · · · · · · · · ·			
	Elementary/Secondery (0-12)	College (1-4 or 8+)		one during most of working ed.) Motion.							
	8 17. FATHER'S NAME (First, Middle, Last)		Picture P	rojectionist	Frisch		iit				
3	Morris Yellin	1			uline Misc						
0	19a. INFORMANT'S NAME (Typos/Print)		19b. MAILING ADD	RESS (Street and Number or Ru			Code)				
-	Martin J. Yellin	(son)	20104 H	ob Hill Way,	Gaithersbu	rg, MI	20879	9			
	20e. METHOD OF DISPOSITION 1 [3] Buriel 2 Cremation 3 Re 4 Donation 5 Dother (Specify)	movel from State	other place)	N (Name of cometery, crematory or Cemetery		location – c ne1awn		, N.Y.			
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE		22. NAME AND ADDRESS OF Danzansky-Go	FACILITY						
	1 Jary	M. Tir		1170 Rockvil	le Pike, F	ockvil	lle, M				
	23. PART J. Enter the diseases, or shock, or haart allure	complications that ceusa List only ons cause on a	d the death. Do not e ach line.	nter tha moda of dying, a	uch as cardiac or re-	piratory arre	est,	Approximats interval Batween			
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	. metas	tatic	colon	Conce	N		Onset and Death			
2		b.	CONSEQUENCE OF):								
NO INCIDITION	Sequentielly list conditions, if sny, lesding to immediate ceuse, Entar UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF):								
2	CAUSE (Disesse or Injury that initiated events	CDUE TO (OR AS A	CONSEQUENCE OF):				1				
, in	resulting in death) LAST	d									
֡֝֝֝֟֝֟֝֓֓֓֓֓֓֓֓֓֓֓֓֟	PART II. Other algnificant condition	one contributing to death b	out not resulting in th	e underlying ceuse given		AN AUTOPSY ORMED?		E AUTOPSY FINDINGS			
MCDIC	Atrial	tibrillo	tun			2 NO	COM	IPLETION OF CAUSE DEATH?			
							1 0	YES 2 NO			
H SICIAN:	25. WAS CASE REFERRED TO MEDICAL	_		26. PLACE OF DEATH	(Check only one)		/	VIA			
2	EXAMINER?	HOSPITAL: 1   Inpatient 2   ER/Out	patient 3 DOA 4 D	HER: Nursing Home 5 - Residen							
	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c. INJURY AT WORK?	28d. DESCRIBE HO	N INJURY OCC	UREO				
-	1 Natural 5 Pending 2 Accident Investigation		12	M 1 YES 2 NO							
PLEIED	3 Suicide 6 Could not b 4 Homicide datarmined	building, stc. (Spec	' — At homa, farm, street cify)	, factory, offica	281. LOCATION (Stre City or Town, Str	et and Number ( ite)	or Rural Route	Number,			
MFLE	anai	SICIAN: To the bast of my know									
3	2 MEDICAL EXAMI	NER: On the basis of examination	n and/or investigation, in								
O DE	296 SIGNATURE AND TITLE OF CERTIF	CASSALL	mo	D 3	NUMBER 8392	29d. DATE	signed (Mon	th, gay, Year)			
	30. NAME AND ADDRESS OF PERSON V	CARROLL	ATH (ITEM 27) (Type, Prin	6105 M	ONTROS	ERI	DIRO	ckville			
	MAR 3 0 90	32 REGISTRAR'S SIGN	A-Randell								

BALTIMORE, MA

î	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-nours after death. Page 6 may be remained	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 📷		IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be neutral
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	death. Pa	funeral d		xamine
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	NG PHYS	fter this c	eath with	marked,
	TENOI	TOR: A	after de	28 Is
	L OR A	L DIREC	2 hours	item
	HOSPITA	FUNERAL	within 72	TANT: H
	TO THE	TO THE	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to builal, cremation, or removal.	IMPOR

	1 - FOR STATE OF REGISTRAR	MARYLAND / DEP/ CERTI	ARTMENT OF I		MENTAL HYGIENI REG. NO.	E						
	1. DECEDENT'S NAME (First, Middle, Lest)  CLARA D.	YOUNG			2. DATE OF DEATH MONTH MAR. 29	1990	3. TIME OF DEATH 2:55 PM M					
	4. SOCIAL SECURITY NUMBER 5. SEX 1 _ 1 _ M 2 _ X F	6. AGE (in yrs. last birthda 78 YRS	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Oct. 27,	Coun						
	9a. FACILITY NAME (If not institution, give street and number)		9b. CITY, TOWN	OR LOCATION OF DEA		9c. COUNTY OF						
5	Montgomery General	Hospital		01ney	Mon	tgomery						
BY FUNERAL DIRECTOR	Maryland 10b. county Maryland Montgome	4	CITY, TOWN OR LOCA Silver	Spring		10d. INSIDE CITY LIMITS? 1 X YES 2 NO						
3AL	10a. STREET AND NUMBER	•	10	f. ZIP CODE		10g. CITIZEN OF WHAT COUNTRY?						
J. N. E.	3580 Fiske Terra	ENT EVER IN U.S. ARMED	13. WAS OF	20906	IC ORIGIN? (Specify Yea	USA or No.— 14. BAC	E — American Indian,					
	1 News Married 2 V Married FORCES?	1 YES 2 NO WAR OR DATES	If yes, s	B 2 NO Specify:	, Puarto Ricen, atc.)	Blac	ck, white, atc.					
E	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do Nort use retired.)  16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done during most of working life. Do Nort use retired.)											
COMPLETED	1-12 Collega (1-4 or 5+) 4 years Teacher Public School											
BE CON	17. FATHER'S NAME (First, Middle, Last) David Daniels  18. MOTNER'S NAME (First, Middle, Maiden Surname) Jane Sellers											
TO B	19a. INFORMANT'S NAME (Type/Print)  George N. Young  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  3580 Fiske Terrace, Silver Spring, Md. 20906											
	20a. METNOD OF DISPOSITION  1 Burlal 2 Commentory or 20c. LOCATION — City or Town, State  often place)  Motropoliting Cromatory  Alexandria VIA											
	4 Donestion 5 Other (Specify) Metropolitan Crematory Alexandria, VA.  21. SIGNATURE OF FUNERAL SERVICE ACENSEE 22. NAME AND ADDRESS OF FACILITY											
	Horris X. Fra	ist			l Funeral I ve., Silve		, Md. 20904					
	23. PART I. Enter the diseases, or complications ahock, or heart failure. List only one						Approximata Interval Between					
	iMMEDIATE CAUSE (Final diaeaaa or condition reaulting in death)	D WLLAR	Y FAI	-uRR			Onart and Death					
z	DUE C B. CE	REBELL TO (OR AS A CONSEQUENCE	eof): AR H	EMORR	HAGE_		1 day					
ATIO	cause. Enter UNDERLYING	TO (OR AS A CONSEQUENCE	E OF):				8					
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	TO (OR AS A CONSEQUENCE	E OF):									
CER	d											
CAL	PART II. Other algorificant conditions contributing	to death but not reaulting	ng in tha undarlyi	ng cauae given in l	PERFOR	MED?	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE					
MED	V V V V V V V V V V V V V V V V V V V				1 _ YES 2	_ N	DF DEATH? 1 TYES 2 NO					
AN.	25. WAS CASE REFERRED TO MEDICAL											
SICI	EXAMINER? HOSPITAL:	2 - ER/Outpatient 3 - DO/	OTHER:	me 5 Residence								
PHYSICIAN: MEDI	27. MANNER OF CEATN 26a. DATE		TIME OF 26c. IN	JURY AT ORK?	26d. DESCRIBE HOW II	NJURY OCCURED						
D BY	2 Accident Investigation 3 Suicide 28e. PLAC	E OF INJURY — At home, fan ng, etc. (Specify)		YES 2 NO	281. LOCATION (Street & City or Town, State)	and Number or Rura	Route Number,					
ETE	4 Nomicide determined				ony or lown, oneroy							
COMPLETED	29a. CERTIFIER (Check only orie)  1 CERTIFYING PNYSICIAN: To the basis of the basis						(a) and manner as stated.					
BE	Remails A Committee of Centrifold	· .k.		29c. LICENSE NUM	BER PT9	29d. DATE SIGNE	D (Mont), Day, Year)					
10	30. NAME AND ADDRESS OF PERSON WNG COMPLETED OF ROnald H. Uscinski, MD				Dm 1	D D-41	W					
	31. DATE FILED (Month, Day, Year) 32. REGIS	TRAR'S SIGNATURE		rgetown I	Rd. Rm. 1-	n Reti	Md.					
	APR 02 90 Ju	hie Davidson-Ran	delle		_							

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within concern after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	natic event, the medical examiner must be notified at once.	NO DE COMBIETED BY ELINEBAL DIDERTOR
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be ex	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY BUYSICIAN: MEDICAL CERTIFICATION

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1990

31. DATE FILEO (Month, Day, Year)
APR C 6

\$ SOCIAL SECURITY NUMBER  \$213-16-0759  90. FACILITY NAME (# not institution, give)  \$2 Water Street	5. SEX		sell	у,	ingl	ing		Ap/	il 4.	1990	YEAR	0405 A
9d, FACILITY NAME (If not institution, give		6. AGE (In yrs. I	nst birthday)	IF UNDER		IF UNDER		7. DATI	E OF BIRTH oth, Day, Year)			ACE (State or Foreign
	1 2 M 2 - F	74	YAS.	MONTHS	DAYS	HOURS	MIN.	Sex	ot 8, 1	915	Maryl	and
32 Water Street	street and number)			96. CITY,	TOWN	OR LOCATI	ON OF DE				ITY OF DEAT	
	-			The	vrmo	nt				FA	iederi	.ck
RESIDENCE OF DECEDENT  10a. STATE 10b. COUNT	Y		I inc CIT	Y, TOWN 0	B LOCAT	ION					140	d. INSIDE CITY
Maryland Fro	ederick			rmon	t						OX	LIMITS?
10e. STREET AND NUMBER	4 4					ZIP COO						T COUNTRY?
32 Water S						2178				u. S		
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2 _	945	1	f yee, sp		ın, Mexica	in, Puerto	IN? (Specify Yes Rican, etc.)	or No—	14. RACE — Bleck, W Specify: White	Americen Indian, hite, etc.
15. DECEDENT'S ED	UCATION	16e, C	ECEDENT'S	USUAL O	CUPATIO	DN		10	b. KIND OF BUS	BINESS/IND		
(Specify only highest grad Elementary/Secondary (0-12)	completed) College (1-4 or 5		'Give kind of fe. Do NOT u	work done o se retired.)	during mo	ist of workli	ng					
		,	Town	emple	oyee	,		7	own of	Thur	mont	
17. FATHER'S NAME (First, Middle, Last)							NER'S NA	ME (First,	Middle, Malden	Surname)		
Irvin Yingling						Ma	ry E	eler	r Portn	er		
19e. INFORMANT'S NAME (Type/Print)		1	96. MAILING	ADDRESS	(Street	and Numbe	r or Rural I	Route Nu	mber, City or Tow	n, State, Zip	Code)	
Mrs. Emily E. Y.	ingling		32 W	ater	St.	, Th	wumo	nt,	Maryla	nd 2	21788	
20e. METHOD OF DISPOSITION  1 Buriel 2 Cremation 3 Rec		20b. PLAC	E OF DISPO	SITION (Na	me of cei	metery, crer	matory or	Came	20c. LO	CATION -	City or Town,	sum vryland
4 Donation 5 Other (Specify)	nover from State	_ Well	ers u	nite	d Me	thod	ist	chw	ich Th	wwwor	rt. Mo	ryland
21. SIGNATURE OF FUNERAL SERVICE L	amill	e le	ine		104		Mai	n Sa	t., Thu	rmona	t, Md.	l HOme 21788
23. PART I. Enter the diseases, or shock, or heert fellure IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. Less only one can	USE ON EECH III	EQUENCE O	LP):	the mo	de or dy	ing, auc	en as ca	raiec or respi	ratory arr	est,	Approximete interval Betwee Onset and Dec
Sequentielly list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated events resulting in deeth) LAST	C	OR AS A CONS										
PART II. Other significent condition		death but not	resulting	in the un	deriyin	g cause	given in	Part i.	24a. WAS AN PERFOR	PMED?	AN CC Of	ERE AUTOPSY FINOING ALLABLE PRIOR TO COMPLETION OF CAUSE F DEATH?  YES 2 NO
V												
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:	☐ ER/Outpatient	3 🗆 DOA	OTHER	3:	ACE OF E	1		one) her (Specify)			
27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF		28b. TIR	ME OF JURY M	28c. IN. WC	JURY AT DRK? YES 2 [	] NO	28d. D	EŞCRIBE NOW I	NJURY OCC	CURED	
3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE ( building	OF INJURY — A11 , etc. (Specify)	home, farm,	street, fact	ory, offic	20			CATION (Street by or Town, State)		or Rural Rou	e Number,
ame)	SICIAN: To the best o											nd manner of stated
			. aiveaugati	ort, mi my C	deminant's	reatil Occu	neu at 1110	mire, de	re enu piace, an	m due to th	A CHURA(a) OI	ru menner es stated
296. SIGNATURE AND TITLE OF CERTIFI	ER /					29c. LIC	ENSE NUI	MBER		29d. DATI	E SIGNED (M	onth, Day, Year)

tance

32. REGISTRAR'S SIGNATURE
Julia Davidson-Randall

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

32. REGISTRAR'S SIGNATURE

Davidson—Rondalle

31. DATE FILED (Month, Day, Year)
APR 1 0 1990

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,	FOR 1 - STATE	STATE OF N		/ DEPAR					MENTAL HYGIEI			, 1700
	REGISTRAR		C	ENIIC	ICATE	: OF	DEA	П	REG. NO	).		
	DECEDENT'S NAME (First, Middle, Last)	W	illiam H		Zimm	nerm	an, .	Jr.	2. DATE OF DEATH MONTH	AY 9	90	0600 A
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. le	ast birthday)	IF UNDER		IF UNDER		7. DATE OF BIRTH		6. BIRTHPLA Country)	ACE (State or Foreign
	220-34-1121	1 🔀 M 2 🗀 F	59	YRS.	MONTHS	DAYS	HOURS	MIN.	3/31/31		Maryl	and
-	9a. FACILITY NAME (If not institution, give st	reet and number)			9b. CITY.	TOWH C	R LOCATION	ON OF OE		9c. COU	NTY OF OEAT	
Œ	Frederick Memoria		n 1		Free							
2	RESIDENCE OF DECEDENT	T HOSPIL	aı		rrec	ueri	.CK			rre	derick	į.
Signal Control	10a. STATE 10b. COUNTY			10c, CI	Y, TOWN O	R LOCAT	ION				10-	d. INSIDE CITY
DIRECTOR	,	erick			mstov						- 8	VYES 2 NO
₹	10e. STREET AND NUMBER					101	. ZIP CODI	E		10g. CITI	ZEN OF WHA	COUNTRY?
FUNERAL	3020 A Buckeystow	n Pike				2	1710			US	A	
ᅙ	11. MARITAL STATUS	12. WAS DECEDEN	IT EVER IN U.S. A	RMED	13. \	MAS OEC	ENDENT C	F HISPANI	C ORIGIN? (Specify Y		14. RACE	American Indian.
	1 Never Married 2   Married	FORCES? 1	YES 2	NO	li li	f yes, sp	ecify Çuba	n, Maxican	, Puerto Ricen, etc.)		Black, W	hits, atc.
B	3 Widowed 4 Divorced	IF YES, GIVE V	WAR OR DATES		۱ ا	YES	2 K NO	Specify:			Specify:	White
	15. DECEDENT'S EDUC	CATION	I see D	ECEDENT'S	1101111 00	OUBATI	241		16b. KIND OF BI	I CONTROL (INTE	NIOTON	MILCO
쁘	(Specify only highest grade		(	Give kind of te. Do NOT u	work done o	during mo	at of working	90	160. KIND OF BI	JSINESS/INL	JUSTRY	
<u>"</u>	Elementary/Secondary (0-12)	College (1-4 or 5	+}	_								
를				Farme	r				Self Em	ploye	d	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						16. MOT	HER'S NAM	AE (First, Middle, Maide	n Surname)		
	Wil:	liam H.	Zimmerm	an, S	r.		Ire	ne E	lizabeth	Howar	d Zimm	lerman
BE	19a. INFORMANT'S NAME (Type/Print)					(Street a			loute Number, City or To			ic I man
임	Beattie Renn											
									Frederick			
	20a METHOD OF DISPOSITION 1 N Buriel 2 Cremetion 3 Reme	oval from State	20b. PLACI	E OF DISPO	SITION (Na	me of cer	metery, cren	natory or	20c. L	OCATION —	City or Town,	Stats
	4 Donation 5 Other (Specify)				Mt. (	Oliv	et C	emet	ery   F	reder	ick. M	Maryland
	21. SIGNATURE OF FUNERAL SERVICE OF	ENSEE	11 -		22.1	NAME A	ND ADORE	SS OF FAC	HLITY			
	M- 1/1-	-	101									Homes, PA
	Waren Ca	relle	cen	ال	P.(	O. B	ox 1	819,	Frederic	k, Ma	ryland	21701
	23. PART I. Enter the disesses, or o				not enter	the mo	de of dy	lng, such	as cardlec or res	piratory an	rest,	Approximate
	shock, or heart feiture.  IMMEDIATE CAUSE (Finel	List only one car	use on each iir	ie.								Interval Between Onset and Death
	disease or condition	10	- ti-									
	resulting in death)	12	OT I CEN	CLIPL.								
l i		Z	THE RE A CONS	//	pr-);	1		1.	1 , .			
Z	Sequentially list conditions,	b. /ET	LANNAL	Su	The	Ly	malore	you	Leukeria			
CERTIFICATION	If any, leading to immediate	DUE TO	(OR AS A CONS	EOUENCE C	DF):	0						
S	cause, Enter UNDERLYING CAUSE (Disease or injury	C										
直	that initiated events	DUE TO	(OR AS A CONS	EQUENCE C	DF):							
눈	resulting in death) LAST											! ;
8												
_	PART II. Other significent condition	s contributing to	death but not	resulting	in the un	derlyin	g csuse	given in i		N AUTOPSY		ERE AUTOPSY FINDINGS
8	Hegohi E.	recolds	wife.							RMED?		MILABLE PRIOR TO OMPLETION OF CAUSE
MEDICA			July -						1 TYES	2 XNO		DEATH?
ž I	A		0						_ 1		11	YES 2 NO
ä												
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL					26. P	LACE OF D	EATH (Che	ock only one)			
잃	EXAMINER?  1 YES 2 NO	HOSPITAL:	FR/Outpatient	3   DOA	OTHER		on 5 □ B	neidence	8 Other (Specify)			
≌	27. MANNER OF DEATH	28s. DATE OF		28b, TII			JURY AT		28d, DESCRIBE HOW	INJURY OC	CURED	
	1 Natural 5 Pending	(Month, L	Day, Year)		JURY	W	ORK?	٦	zau, DESCRIBE HOW	IIIOONI OC	CONED	
₩	2 Accident Investigation						YES 2 [	NO				
ED	3 Suicide 6 Could not be	28e. PLACE 0 building	OF INJURY — At I , etc. (Specify)	home, farm,	street, fact	tory, offic			28f. LOCATION (Street City or Town, State		r or Rural Rout	Number,
	4 Homicide determined											
ן כַּ ן	29a. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the hest o	f my knowledge	death occur	rad at the t	ime det	and place	and due	to the cause(s) and m	anner ee ete	ted	
월	enel and											ad manner on eleted
COMPLET	2 MEDICAL EXAMINE	- OT THE DESIGN OF 1		mrestigat	, iii my c	printer, (	went occu	and or title	re, uets and prace,	ero due to t	ind Cause(E) Bi	ra memora sa susted.
l w l	29b. SIGNATURE AND THILE OF CERTIFIE	R					29c. LIC	ENSE NUM	IBER	29d. DA1	TE SIGNED (M	onth, Day, Year)
m	Chila A.	house	ns.				1	2-18	191	<b>&gt;</b>	4-9-	70
일	30. NAME AND ADDRESS OF PERSON WH			EM 27) (Ten	e. Print)	_	.//	, 0	- //			
1 1	Artitul 6	-	Aco, n		18	7 0	Km	14	2/9/ ~~ A. F	Fred	IA	021761

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FOR

BALTIMORE, MARYLAND 21203-3146 TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within.

TO THE RUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified as DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPAI CERTIF					MENTAL	REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last) Gentr	ude B. Aldri						2. DATE MONTH	OF DEATH		3. 00 5	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 212-28-9211		n yrs. lest birthday)	IF UNDER	DAYS	IF UNDER	24 HRS. MIN.	7. DATE (	OF BIRTH , Day, Year) /30/1	8.	BIRTHPLA Country)	YLAND
OR	90. FACILITY NAME (If not institution, give str NATIONAL LUTHI				CKV			ATH		9c. COUNTY		ERY CO.
DIRECTOR	100. STATE 10b. COUNTY ALBEI	RMARLE CO.	10c. CI	CHA	RLO		SVIL	LE				d. INSIDE CITY LIMITS?  YES 2 NO
FUNERAL (	1308-ROSE H	LL DRIVE			1.95	zip cooi						T COUNTRY?
BY FUN	11. MARITAL STATUS  1. Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO			city Cuba	n, Maxica	n, Puerto F	? (Specify Yes	or No- 14		American Indian, thite, etc. WHITE
COMPLETED	18. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	18e. DECEDENT'S (Give kind of life. Do NOT of	work done use retired.)	during mos	st of workin			UNK	NOWN	TRY	
BE CO	17. FATHER'S NAME (First, Middle, Last) HENRY ALDRII	OGE				10	GER	TRUI	DE BE	CKER	Ų.	
10	190. INFORMANT'S NAME (Type/Print)  REV.DR.REICHAI  200. METHOD OF DISPOSITION			1 – V E	IRS	DR.	,RC		ILLE,	MD . 2	085	
	A □ Burlel 2 □ Cremetion 3 □ Remode 4 □ Donetion 8 □ Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE DO	L(	OUDON 1	PARK	CEI	METE	ERY	CILITY	10.00	LTIMO		
	23. PART I. Enter tha diseesea, or c	MAOLA omplications that caused	tha death. Do	not antai	1	300-	N S		ET.N.			.DC20005
	ahock, or heart failure. I	ASHO: On a DUE TO (OR AS A	ARDIRC /	RRY			53					Interval Batween Onset and Daeth Acu Le
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE (	OF):								
ERTIFI	CAUSE (Disease or injury that initieted events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE	OF):								
PHYSICIAN: MEDICAL C	PART II. Other algnificant conditions	e contributing to death bu	ut not resulting	in the u	nderlying	ceuse (	given in	Part I.	24s, WAS AN PERFOR 1 YES 2	RMED?	AM CC OF	PRE AUTOPSY FINDINGS ALLABLE PRIOR TO OMPLETION OF CAUSE F DEATH?  YES 2 NO
ICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHE	Bir			eck only on				
	27. MANNER OF DEATH  1 Netural 5 Pending	1 Inpetient 2 ER/Output 28e. DATE OF INJURY (Month, Day, Year)	28b. Til		28c. INJ WO			8 Othe		NJURY OCCUI	RED	
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Speci	— A1 home, ferm,	street, fac	tory, office	•		28f. LOC City	ATION (Street or Town, State)	end Number or	Rural Rout	te Number,
COMPLETED	ana)	CIAN: To the best of my knowlers: On the beels of examination										nd manner as stated.
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	Cooly	Mid	7		29c. LIC	HSE NUI	MBER		29d. DATE 9	GIET	onth, Day, Year)
F	Thomas E.	Dosley, M	11 17	e, Print)	500	CAHAI	Aren	ecre. (	DLNOY	, nd	258	de la company de
	APR 06 90	32. REGISTHAR'S SIGNA	ATURE Pandall									

stached for use as the burial-transit permit. Pages 1, 2, 3 should e hospital or attending physician.

MEAND 21203-3146

BALTIMORE

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 in THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.

DIRECTOR
Y FUNERAL
COMPLETED BY
TO BE

1 - FOR STATE REGISTRAR	STATE OF I	MARYL					IEALTH DEAT		MENTAL HY
1. DECEDENT'S NAME (First, Middle, Last)	_								2, DATE OF DE
Rafael		Ag	guila	ar- M	orer	10			4-1-90
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (	In yrs. last	birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIF
220-19-6775	1 📉 M 2 🗆 F	19		YRS.	MONTHS	DAYS	HOURS	MIN.	March March
9e. FACILITY NAME (If not institution, give	street and number)				9b. CITY	, TOWN	OR LOCATI	ON OF DE	ATN
842 Muddy Brancl	n Road				G€	rmar	ntown	1	
RESIDENCE OF DECEDENT									
10e. STATE 10b. COUNT	Υ			10c. CIT	Y, TOWN	OR LOCA	TION		
Maryland Mont	gomery			G	aith	erst	ourg		
10e. STREET AND NUMBER						10	1. ZIP COD	E	
11628 Brandy Ha	L1 Lane						2087	9	
11. MARITAL STATUS 1 X Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDED FORCES? IF YES, GIVE	1 YES	2 X N			If yes, sp		n, Maxica Specify	
15. DECEDENT'S EDI (Specify only highest grad					USUAL O		ON ost of worki	ng	16b. KIND

IENTAL	HYGIENE REG. NO.	9	U	I	1	3	3	3
2, DATE O	F DEATN DAY	YEAR	3. TI	ME OF	DE/	TN		7
		YEAR	3. TI	ME OF	DEA	ATN		

1	Rafael		Agu	<u>ilar- M</u>	loreno	)		4-1	<del>-</del> 90			3:51AM
4. SOCIAL SECURITY N	JMBER	5. SEX	6. AGE (In y		IF UNDER 1	YEAR IF U		(Month.	Day, Year)		Count	(nv)
220-19-6	775	1 📉 M 2 🗆 F	19	YRS.	WORLINS	HOU	THE MIN.	Marc	h 15,	1971	E1 :	Salvador
(Morth, Day, Year) Country)												
842 Muddy	Branch	n Road			Ger	manto	wn			Mont	gome	ery County
	1			5.0%								LIMITS?
		gomery		G	aithe					140	TITEN OF I	
		l1 Lane										
1 Never Married 2		FORCES? 1	YES 2	X NO	lt )	yes, specify (	Cuban, Maxica NO Specify	n, Puerto F		or No-	Blac	ck, White, atc.
15	DECEDENT'S EDI	ICATION	16	a DECEDENT'S	LISUAL OCC		alvado:		KIND OF BU	SINESS/IN	DUSTRY	Spanisn
(Specify	only highest grade	e completed)	177	(Give kind of a	work done du	ring most of w	vorking	100	KIND OF BO	JII120/114	5001111	
	ry (0-12)	College (1-4 or 5	+)						Restar	rant		
	I Michilla I ==1)			000		10 1	MOTHER'S NA					
	CALL COURT	_								Junetine)		
		_		10h MAH (N)	ADDRESS					n State 7	in Codel	
							mider of MURILL	noute Numb	nut, Unity of IOW	n, Smith, Zi	ip C000)	
							-110 mm # -1			0.000	014	
1 N Buriel 2 Crem	etion 3 🗆 Ren	noval from State	oti	her place)		-						
		-	_ JCem	etery o				A				
21. SIGNATURE OF FUN	ENAL BERVICE LI	CENSEE									ral	Home
· 10/1	MIT	Aban					-				277	
if eny, leading to im cause. Entar UNDER CAUSE (Disease or that initiated events	medlete RLYING injury	b	(OR AS A CO	ONSEQUENCE O	F):							
PART II. Other signi	ficant condition	ns contributing to	death but	not resulting	in the und	tarlying cau	use given in	Part I.	PERFO	RMED?	24	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
25. WAS CASE REFERRI	D TO MEDICAL	T				26. PLACE	OF DEATN (Ch	neck only on	e)			
EXAMINER?			ER/Outputle	nt 3 □ DOA	OTHER:					S	CENE	3
		26a. DATE OI	FINJURY	28b. TIA	AE OF 2	28c. INJURY /		·				
1 Natural 6					5.0		.2.∏ NO	Driv	ær ir	aut	o/fi	ved object
Accident Sulcide	1 -00-4	28e. PLACE (	OF INJURY —				X.X	281 1.00	ATION (Street	and Numb	or or Rural	Boute Number .
				_	-			842	Muddy	Bra	nch	Rd.,German
	CERTIFYING PHY	SICIAN: To the best o	( my knowled	ne, death occur	red at the tim	ne date and	nlace, and due	MOHE	JOINEL V	COL	IIILV.	Maryland
CONSUM UNITY												(a) and manner as stated.
29b. SMATURE AND T	ITLE OF CERTIFIE	EROLON	()	1 0		29c.	OCME	MBER		29d. DA		D (Month, Day, Year)
30. NAME AND ADDRES			SE OF DEATH	1 (ITEM 27) (Typi	e Print)						7 2	
MARIO F.			1		1111	Penn S	Street	,Balt	timore	,MD	2120	1 7
31. DATE FILED (Month,		32 REGISTR	AR'S SIGNATI	Handall.								
RPD	6'90	gula De	utdon-	Market								

DHMN-16 Rev 1/89

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR	24.12 1. 5.00.11	CERTIFIC	ATE OF	DEATH	REG. NO	).		
į	1. DECEDENT'S NAME (First, Middle, Leet)  Angeline R.	Albanesi	340			2. DATE OF OEATH	MY - 9	3. T	IME OF DEATH
	A. SOCIAL SECURITY NUMBER			UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	6.	BIRTHPLAC	E (State or Foreign
	187-16-4261	1 - M 2 - 6	YRS. MO	THS DAYS	HOURS MIN.	APRIL 13,	1922	Country) PENNS	YLVANIA
ì	9a. FACILITY NAME (If not institution, give str	net and pumber)	96	CITY, TOWN	OR LOCATION OF OE		9c. COUNTY	OF DEATH	
TOR	RESIDENCE OF DECEDENT	HOSPITHL		BET	HESDA		MON	TG	OMERY
DIRECTOR	10a. STATE 10b. COUNTY	ONTGOMA		WN OR LOCA	SPN 11	NG-			INSIDE CITY LIMITS? YES 2 ND
FUNERAL	100. STREET AND NUMBER	DALE RX	7	10	1. ZIP CODE		10g. CITIZE	N DF WHAT	COUNTRY?
N I	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	U.S. ARMED	13. WAS DE		7 IC ORIGIN? (Specify Ye		. RACE A	American Indian,
BY FL	1 Never Married 2 Married 3 XWidowed 4 Divorced	FORCES? 1 YES	2 NO	If yes, s	S 2 X NO Specify.	n, Puerto Rican, etc.)		Black, Wh Specify:	WHITE
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of	ATION completed)	18a. DECEDENT'S USU	done during m		16b. KIND OF BU	SINESS/INDUS		
9	Elementary/Secondary (0-12)	College (1-4 or 5+)	PERSONNE	tired.)					
₽ B	12		FERSONNE	T SPE		U.S.D.			
	17. FATHER'S NAME (First, Middle, Last)  JOSEPH ALBANEST					ME (First, Middle, Malder	: Surname)		
BE	19a, INFORMANT'S NAME (Type/Print)		I soo wan mo an	DDF00 (Owner		HA MARY  Noute Number, City or Tox	Date To O	GIAN	COLA
2	JOSEPH ALBANESI	(SON)		ca					0=00
	20s. METHOD OF DISPOSITION		PLACE OF DISPOSITION			, LAUREL.	MARYL DCATION — CH		
	1 ◯XBurial 2 ☐ Cremation 3 ☐ Remo 4 ☐ Donation 5 ☐ Other (Specify)	val from State	other place) LINCOLN				NTWOOD		
	21. SIGNATURE OF EMPERAL BEHVICE LICE		//	22, NAME A	ND ADDRESS OF FAC	CILITY			
	1/1/1/	( . 7/6				LINS FUNE		-	
$\dashv$	23. PART I. Enter the diseeses, or or	omplications that caused	the death. Do not						, MD 20901
4		ist only one cause on ee	ch iine.					.	interval Between Onset and Death
	iMMEDIATE CAUSE (Final disease or condition	MUL	TIPLE	7	RAUM	A		j	3 DAYC
- 1	resulting in death)		CONSEQUENCE OF):			//			
Z	Sequentially list conditions,								
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF):					l	
윤	CAUSE (Disease or injury that initieted events	DUE TO (OR AS A	CONSEQUENCE OF):						
E	resulting in death) LAST								
빙									
DICAL	PART II. Other significant conditions	contributing to death bu	it not resulting in t	he underlyii	ng cause given in	Part i. 24a. WAS A PERFO	N AUTOPSY DRMEO?	AVA	RE AUTOPSY FINDINGS ILABLE PRIOR TO MPLETION DF CAUSE
اق						1 TYES	2 🗗 NO	OF	DEATH?
Σ						— II		10	YES 2 NO
BY PHYSICIAN: ME	25. WAS CASÉ REFERRED TO MEDICAL			26. 1	PLACE OF DEATH (Chi	eck only one)			
SIC	EXAMINER?  1 2 YES 2 NO	HOSPITAL:		THER:	me 5 🗆 Residence				
₹	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	F 28c. IN	JURY AT	28d. DESCRIBE HOW	INJURY OCCU	RED	
≥	1 Nettral 5 Pending 2 Accident Investigation	3 30 9	0 0930		YES 2 NO	HIT IN	MULT	TIPLE	MUA
	3 Suicide 6 Could not be	28e. PLACE OF INJURY building, etc. (Speci	— At home, farm, stre-	et, factory, off	ce	281. LOCATION (Street City or Town, State	and Number or		
	4 Homicide determined		STREET			BRAUM	5 + F	AIR	AND
2	CHIECK ONLY	CIAN: To the best of my knowle	edge, death occurred a	it the time, dat	te and place, and dua	to the cause(a) and m	anner as stated	l.	
COMPLETED	one) 2 MEDICAL EXAMINE	R: On the basis of axamination	and/or investigation, I	n my opinion,	death occured at the	Ilme, data and place, a	ind due to the	cause(a) and	d manner se stated.
BEC	296. SIGNATURE AND TITLE OF CERTIFIER	11/1.	2		29c. LICENSE NUN	MBER	29d, DATE	SIGNED (Mo	nth, Day, Year)
2	Hellende	Muyll	(1)		20709		1 4	2-9	0
	30 NAME AND ADDRESS OF PERSON WHITE	HYLB 820	NTH (STEM 27) (Type, Pri	SN K	No B	ethes by	× MO	20.	814
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA	ATURE (A)						
	APR 6'90	Grana Davidson	-Nathana						

ed for use as the burial-barait permit. Pages 1, 2, 3 should ital or attending physician.

BALTIMORE,

21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 18 lines before the three to the completely filled in by the funeral director, page 18 median for the filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

\*

5:10

BIRTHPLACE (State or For

Ohio

9c. COUNTY OF DEATH

Montgomery

2

7. DATE OF BIRTH (Month, Dwy. War)

FOR STATE REGISTRAR

4. SOCIAL SECURITY N

1. DECEDENT'S NAME (First, Middle, Last)

Suburban Hospital

APR 06 '90

5. SEX

1 M 2 F

MARY

1 -

2, 3 should

TOR

MESIDENCE OF DE	CEDEIGI										
10a. STATE	10b. COUNT	Υ		10c. CITY, TO	OWN OR LOCA	TION					ISIOE CITY
MD	Mont	gomerv		Silv	ver Sp	ring					YES 2 NO
		8001)			-			-10	0g. CITIZEN		
	ske Dr							-			
	7 Mondad	FORCES? 1 Y	ER IN U.S. ARM	MED O					No- 14.	Black, Whita,	erican Indian, , etc.
	_	IF YES, GIVE WAR O	R DATES TE							Specify:	
		<u> </u>								Wn	ite
			(Giv	e kind of work	done during m	ION lost of working	18b. K	IND OF BUSIN	ESS/INDUST	TRY	
Elementary/Secondary	(0-12)	College (1-4 or 5+)	llfe.	Do NOT use re	tired.)						
		2	Vi	ce Pre	esiden	t	Co	nveyor	Syst	tem Eq	uip. Co.
17. FATHER'S NAME (First,	Middle, Last)					18. MOTHER'S NA	ME (First, Mic	ddle, Maiden Sur	name)		
John M.	Jones					Mary A	. Mar	shall			
			19b.	. MAILING AD	DRESS (Street				State. Zip Coo	de)	
production of the same of											
							er sp				
1)∑NBurial 2 ☐ Cremal	lon 3 🗆 Rem	noval from State	other plac	ce)					-		
4 Donation 5 Other	er (Specify)		Arlin	gton l				Ar1	ingto	on, VA	
21. SIGNATURE OF FUNER	IAL SERVICE LI	CENSEE	^					Ψ.			
►h	11.	120/10	(),							_	
ma	chai	U. N	The same								
23. PART I. Enter the shock, or	diseases, or heart fallure.	complications that cau List only one cause o	used the dea on each line.	Arter	enter tha m	oda of dylng, suc	has cardia	ic or respirat	ory arrest		Approximate Interval Between
											Onset and Deeth
disease or condition	$\rightarrow$	auler	coscle	ntie	100	I deser	E2 . 0 .				
resulting in death)					10-01	1 20			-		
	_										
		b. OUE TO (OR	AS A CONSEQ	UENCE OF:							
CAUSE (Diseese or In		C. DUE TO (OR )	AS A CONSEO	UENCE OF:						-	
	ST										
		d								-	
PART II. Other signific	cant condition	ns contributing to dee	th but not re	esulting in t	he underlyli	ng cause given in	Part I.	24a. WAS AN AU	TOPSY	24b. WERE	AUTOPSY FINDINGS
a	Dung m	7	- 23	1	11			PERFORME	D?		ABLE PRIOR TO LETION OF CAUSE
77	DV-VU	aged as	2000	-CV6	7		_	1 YES 2	NO	OF DE	
		0								1 🗆 7	YES 2 NO
	TO MEDICAL				26. F	PLACE OF DEATH (C)	eck only one)				
		HOSPITAL:	Outpetient 3			me 5 - Residence	8 🗆 Olber	(Snecify)			
							r .		IBA OCCIB	RED	
	Pending			INJUR	Y W	ORK?	200. 0000	THE TOWN	JII. 000011		
2 Accident	Investigation										
		28e. PLACE OF IN. building, etc.	JURY — At hor (Specify)	me, farm, stre	el, factory, off	Ice	281. LOCAT	FION (Street and Flown, State)	Number or I	Rural Route Nu	imber,
4   Homicide	detarmined										
29a. CERTIFIER	RTIFYING PHYS	SICIAN: To the best of my i	knowledge, des	eth occurred a	it the lime, da	ta and place, and due	to the caus	e(a) and manne	r as stated.		
CONSCRIPTION -											
anal	EDICAL EXAMIN	ER: On the basis of axemis	nation and/or l	myestigation. I	n my pointon.	death occurred at the	time dete s	nd place, and d	tue to the c	n bne (e)eeus	senner as steled
one) 2 ME		ER: On the basis of axemic	nation and/or l	nvestigation, i	n my opinion,						
anal			nation and/or in	nveatigation, i	n my opinion,	29c. LICENSE NU				IGNEO (Month,	
one) 2 ME			mation and/or in	nvestigation, i	in my opinion,						
one) 2 ME	LE OF CERTIFIE		MD	1 27) (Type, Pri	inth		MBER 57	2		IGNEO (Month,	
	MD  10e. STREET AND NUMBE  14512 Fi  11. MARITAL STATUS  1 Never Married 2 STANNION AND AND AND AND AND AND AND AND AND AN	MD Mont  10e. STREET AND NUMBER  14512 Fiske Dr:  11. MARITAL STATUS  1 Never Married 2 Married  377 Wildowed 4 Divorced  15. DECEDENT'S EDU. (Specify only highest grade  Elementary/Secondary (0-12)  17. FATHER'S NAME (First, Middle, Last)  John M. Jones  19e. INFORMANT'S NAME (Type/Print)  Rita L. Albery  20e. METHOD OF DISPOSITION 1 Married 2 Cremeiton 3 Ren  4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LI  MMEDIATE CAUSE (Finel diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentiely list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Matural 5 Pending Investigation  28. Could not be determined  29e. CERTIFIER 1 CONTINUE DAYS  29e. CERTIFIER 1 CONTINUE DAYS  29e. CERTIFIER 1 CONTINUE DAYS  20e. CERTIFIER 1 CONTINUE DAYS  20e. CERTIFIER 1 CONTINUE DAYS  20e. CERTIFIER 1 CONTINUE DAYS  20e. CERTIFIER 1 CONTINUE DAYS  20e. CERTIFIER 1 CONTINUE DAYS  20e. CERTIFIER 1 CONTINUE DAYS  20e. CERTIFIER 1 CONTINUE DAYS  20e. CERTIFIER 1 CONTINUE DAYS  20e. CERTIFIER 1 CONTINUE DAYS  20e. CERTIFIER 1 CONTINUE DAYS  20e. CERTIFIER 1 CONTINUE DAYS  20e. CERTIFIER 1 CONTINUE DAYS  20e. CERTIFIER 1 CONTINUE DAYS  20e. CERTIFIER 1 CONTINUE DAYS  20e. CERTIFIER 1 CONTINUE DAYS  20e. CERTIFIER 1 CONTINUE DAYS  20e. CERTIFIER 1 CONTINUE DAYS  20e. CERTIFIER 1 CONTINUE DAYS  21. SIGNATURE 2 DAYS  22. MANNER 2 DAYS  23. PART I. ENTER 1 DAYS  24. COLD 1 DAYS  25. WAS CASE REFERRED TO MEDICAL CASE 1 DAYS  25. WAS CASE REFERRED TO MEDICAL CASE 1 DAYS  26. CERTIFIER 1 CONTINUE DAYS  27. MANNER 2 DAYS  28. COLD 1 DAYS  29. CERTIFIER 1 DAYS  29. CERTIFIER 1 DAYS  29. CERTIFIER 1 DAYS  29. CERTIFIER 1 DAYS  29. CERTIFIER 1 DAYS  29. CERTIFIER 1 DAYS  29. CERTIFIER 1 DAYS  29. CERTIFIER 1 DAYS  29. CERTIFIER 1 DAYS  21. CERTIFIER 1 DAYS  21. CERTIFIER 1 DAYS	MD Montgomery  10e. STREET AND NUMBER  14512 Fiske Drive  11. MARITAL STATUS  1 Never Married 2 Married  15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12) College (1-4 or 5+)  2 17. FATHER'S NAME (First, Middle, Last)  John M. Jones  19e. INFORMANT'S NAME (Type/Print)  Rita L. Albery  20e. METHOD OF DISPOSITION  TYPE Murial 2 Cremetion 3 Removal from State  4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  23. PART I. Enter the diseases, or complications that cate shock, or heart failure. List only one cause of the cate of	MD Montgomery  10e. STREET AND NUMBER  14512 Fiske Drive  11. MARITAL STATUS  1   Never Married   2   Married   12. WAS DECEDENT EVER IN U.S. ARR PORCES? 1   VES   2   N IF VES, GIVE WAR OR DATES  15. DECEDENT'S EDUCATION (Specify only highest grade completed)  15. DECEDENT'S EDUCATION (Specify only highest grade completed)  16e. DECEDENT'S EDUCATION (Specify)  2   Vi  17. FATHER'S NAME (First, Middle, Last)  190. INFORMANT'S NAME (TyperPrint)  190. INFORMANT'S NAME (TyperPrint)  190. INFORMANT'S NAME (TyperPrint)  191. Rita L. Albery  20a. METHOD OF DISPOSITION   10   10   10   10   10   10   10   1	MD Montgomery Silv  10e. STREET AND NUMBER  14512 Fiske Drive  11. MARITAL STATUS  1 Never Married 2 Married  37. Wildowed 4 Olvorced  15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5-)  2 Vice Provide Programment of the Clove kind of work him. Do NOT use no Vice Provide All Donation 5 Other (Specify)  19e. INFORMANT'S NAME (First, Middle, Last)  John M. Jones  19e. INFORMANT'S NAME (First, Middle, Last)  John M. Jones  19e. MAILING AD  Rita L. Albery  20e. METHOD of DISPOSITION 1 Note of DISPOSITION 1 Note of DISPOSITION 20e. METHOD of DISPOSITION 21. SIGNATURE OF FUNERAL SERVICE LICENSEE  Arlington  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  23. PART I. Entar the diseases, or complications that caused the death, Do not shock, or heart failure. List only one cause on each line. Arter immediate cause. Enter UNDERLY DISPOSITION 21. SIGNATURE OF FUNERAL SERVICE LICENSEE  23. PART I. Entar the diseases, or complications that caused the death, Do not shock, or heart failure. List only one cause on each line. Arter immediate cause. Enter UNDERLY DISPOSITION 21. SIGNATURE OF FUNERAL SERVICE LICENSEE  23. PART I. Entar the diseases, or complications that caused the death, Do not shock, or heart failure. List only one cause on each line. Arter immediate cause. Enter UNDERLY DISPOSITION DUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLY DISPOSITION DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  10. MAINER OF DEATH 1 WES 2 MO 1 Investigation 2 Accident Investigation 3 Suicide 1 Could not be destarmined 2 Accident 1 Investigation 3 Suicide 5 Could not be destarmined 2 Accident 4 Indended 4 Indended 5 Could not be destarmined 2 Accident 5 Could not be destarmined 2 Accident 5 Could not be destarmined 2 Accident 5 Could not be destarmined 2 Accident 5 Could not be destarmined 2 Accident 5 Could not be destarmined 2 Accident 5 Could not be destarmined	MD Montgomery Silver Sp  10 STREET AND NUMBER  14512 Fiske Drive  11. MARITAL STATUS  1 NAMED  11. MARITAL STATUS  1 NEW MARITAL S	MD Montgomery Silver Spring  10. STREET AND NUMBER  14512 Fiske Drive  20906  11. MARTIAL STATUS  11. Never Middle 2   Married  7FORCEST 1   YES 2   MON   FYES, GIVE WAR OR DATES  11. NEVER DECEDENT'S EDUCATION   FYES, GIVE WAR OR DATES  11. SECEDENT'S EDUCATION   FYES, GIVE WAR OR DATES  12. SECEDENT'S EDUCATION   Globe kind of work done during meal of working file. Do NOT use relieful file. Do NOT use r	MD Montgomery Silver Spring  105. STREET AND NUMBER  14512 Fiske Drive  1.1 MARITAL STATUS  1.2 WAS DECEDENT EVEN IN U.S. AGMED PRESS 1 DES 2 DNO  1.3 WAS DECENDENT OF HISPANC OFFIGHT  1.4 Never Married 2 Married 1.5 DECEDENT'S EDUCATION  (Specify only highest grade complained)  1.5 DECEDENT'S EDUCATION  (Specify only highest grade complained)  1.6 DECEDENT'S EDUCATION  (Specify only highest grade complained)  1.5 DECEDENT'S EDUCATION  (Specify only highest grade complained)  1.5 DECEDENT'S EDUCATION  (Specify only highest grade complained)  1.6 DECEDENT'S EDUCATION  (Specify only highest grade complained)  1.6 DECEDENT'S EDUCATION  (Specify only highest grade complained)  1.6 DECEDENT'S EDUCATION  (Specify only highest grade complained)  1.6 DECEDENT'S EDUCATION  (Specify only highest grade complained)  1.6 DECEDENT'S SPECIFY  1.6 DECEDENT'S EDUCATION  (Specify only highest grade complained)  1.6 DECEDENT'S EDUCATION  (Specify only highest grade complained)  1.6 DECEDENT'S EDUCATION  1.6 DE	MD Montgomery Silver Spring  106. STREET AND NUMBER  11. 45.12 Fiske Drive  11. MARITAL STATUS  1 NAMS DECEDENTS EDUCATION  (Speed) only highest grote completed  12. WAS DECEDENT'S EDUCATION  (Speed) only highest grote completed  13. WAS DECEDENT'S EDUCATION  (Speed) only highest grote completed  14. DECEDENT'S BUSIAN. OCCUPATION  (Speed) only highest grote completed  15. DECEDENT'S BUSIAN. OCCUPATION  (Speed) only highest grote completed  16. MOTHER'S NAME (First, Modish, Last)  17. FATHER'S NAME (First, Modish, Last)  18. MOTHER'S NAME (First, Modish, Last)  19. NETOPOR OBEPOSITION  19.	MD Montgomery Silver Spring  10.6. STREET AND NUMBER  14.51.2 Fiske Drive  11. MARITAL STRUS  11. WAS DECEDENT EVER IN U.S. ARMED PORCEST 11. YES 2 (2)MO 11. WAS DECEDENT OF HISPANIC OFROMY (Speetly Vas or No- 11. Yes, speetly Cuben, Maskins, Pauris Place, set.)  11. WAS DECEDENT'S EDUCATION (Speedly only played preds completed 15. DECEDENT'S EDUCATION (Speedly only played preds completed 15. DECEDENT'S EDUCATION (Speedly only played preds completed 15. DECEDENT'S EDUCATION (Speedly only played preds completed 15. MOTHER'S NAME (First, Modifie, Maskins, Pauris Places, set.)  15. MOTHER'S NAME (First, Modifie, Maskins, David using mast of working 15. MOTHER'S NAME (First, Modifie, Maskins, Summan)  15. MOTHER'S NAME (First, Modifie, Maskins, Summan)  15. MOTHER'S NAME (First, Modifie, Maskins Summan)  15. MOTHER'S NAME (First, Modifie, Mas	MD Montgomery Silver Spring  105.2 Fiske Drive  105.2 Fiske Drive  106.2 Fiske Drive  107.2 Fiske Drive  108.4 MARTAL STATUS  11. MARTAL STATUS  11. MARTAL STATUS  11. MARTAL STATUS  11. MARTAL STATUS  11. MARTAL STATUS  11. MARTAL STATUS  11. MARTAL STATUS  11. MARTAL STATUS  11. MARTAL STATUS  11. MARTAL STATUS  11. MARTAL STATUS  12. MARTAL STATUS  13. MARTAL STATUS  14. DECORPORTY EDUCATION  (Specify Very Martal Martal  15. MARTAL STATUS  15.

Lulia Davidson-Randoll

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

IF UNDER 1 YEAR

DAYS

Bethesda

IF UNDER 24 HRS

HOURS

9b. CITY, TOWN OR LOCATION OF DEATH

Mary J. Albery

6. AGE (In yrs. lest birthday)

DHMH-16 Rev 1/89

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFIC	CATE OF	DEATH	REG	i. NO.		
1. DECEDENT'S NAME (First Middle, Last)					2. DATE OF DEA	TH DAY	YEAR	3. TIME OF DEATH
Arturo L. I	Lazarte Almar	az			4	if	90	620
4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRT	Н	8. BIRTH	IPLACE (Slate or Foreign
41845 (Bolivia)	1 X M 2 D F 5	8 YRS.	ONTHS DAYS	HOURS MIN.	June 15		BO	w livia
Da. FACILITY NAME (If not institution, give	street and number)	9	b. CITY, TOWN	OR LOCATION OF DE			INTY OF D	
SHADY GROVE	ADVENT15	THOSP.	Rockv	ille		Mo	ontgo	mery
RESIDENCE OF DECEDENT			TOWN OR LOCA	71041				444 MINIST OUTV
			Paz	IION				10d. INSIDE CITY LIMITS?
	illo	La						1 X YES 2 NO
oo. STREET AND NUMBER R. P. Bertonio N	o. 550		10	r. ZIP CODE			olivi	vhat country?
1. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 YES	N U.S. ARMED		CENDENT OF HISPAN			14. RACI	E — American Indian, k, White, etc.
Never Married 2 Married  Widowed 4 Divorced	IF YES, GIVE WAR OR D		1X YES	s 2 □ No Specifi olivian		ic.)	Spec	
15. DECEDENT'S EDI (Specify only highest grad	UCATION te completed)	16a, DECEDENT'S US	SUAL OCCUPATI	ON ost of working	16b. KIND (	OF BUSINESS/IN	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 8 +)	ille. Do NOT use r	retired.)	at or working				
	4	Princip	al		Edu	cation		
7. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, A	Valden Sumame)		
Victor Lazarte				Petron:	ila Alma	ıraz		
9a. INFORMANT'S NAME (Type/Print)				and Number or Rural				
Arturo S. Lazart	e	219 We	st Dee	r Park Re	oad, Gai	.thersb	urg,	MD 20877
0a. METHOD OF DISPOSITION	201	. PLACE OF DISPOSIT	ION (Name of ce	metery, cremetory or	2	Oc. LOCATION -	- City or To	own, State
Burlei 2 Cremation 3 Rer Donation 5 Other (Specify)	moval from Stata	General Ce	metery		I	a Paz,	Boli	ivia
1. SIGNATURE OF FUNERAL SERVICE L	ICENSEE		22. NAME A	ND ADDRESS OF FA	CILITY			
> Eleen &	1. Range			Funeral ist Aven				MD 20910
iMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. DUE TO (OR AS A	A CONSEQUENCE OF):	27		-			Interval Betwee
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	C	A CONSEQUENCE OF):						
PART II. Other significant condition	one contributing to death i	out not resulting in	the underlyin	g cause given in	Part i. 24s. V	AS AN AUTOPSY	24t	. WERE AUTOPSY FINDING
						YES 2 NO		AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL			26. P	LACE OF DEATH (C/	neck only one)		-	
EXAMINER?	HOSPITAL:		OTHER:					
7. MANNER OF DEATH	1) Inpatient 2 ER/Out	patient 3 DOA 4		ne 8 - Residence	8 Other (Speci		COURED	
1 Natural 8 Pending 2 Accident Investigation	(Month, Day, Year)	INJUR	RY W	YES 2 NO	zeu. DESCRIBE	NOW INSURT OF	COURED	
3 Suicide 6 Could not be detarmined	28e. PLACE OF INJUR building, etc. (Spe	Y — At home, farm, stri clfy)	eet, factory, offi	Ca	281. LOCATION ( City or Town	(Street and Number, Stete)	er or Rural	Route Number,
Torribon oray	SICIAN: To the bast of my know							a) and manner as stated
96. SIGNATURE AND TULE OF CERTIFI	1	A CO	in my opinion,	29c. LICENSE NU				(Nonth, Day Year)
IO. NAME AND ADDRESS OF PERSON W	HO COMPLETED CALLED	In m	D	033	386	•	4/5	590
w Menney	am, whi	18111	DY Ca	Polis	DI.	Ory	m	10 2083
31. DATE FILEO (Morith, Day, Year)  PR 6 90	32, REGISTRAN'S SIGN	NATURE AMOUNT				/	3	

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lospital or attending physician. shed for use as the burial-transit permit. Pages 1, 2, 3 should

TOTAL D 21203-3146

BALTIMORE, thin 24 mours after death. Page 6 may steep filled in the funeral director, page mation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	within	pletely	ent,
	b	E.	5
	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, crema	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event,
	pe e	cian ior to	Taur
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FOR STATE REGISTRAR	STATE OF M			ICATE OF	DEATH		REG. NO.				
1. DECEDENT'S NAME (First, Middle, Last)						2. DATE	OF OEATN		YEAR	3. TIME OF OEA	'n
Matthew	Brian			Aguilar		4	7		90	3:07	A
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.	last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.		OF BIRTH , Day, Year)		8, BIRTH Count	NPLACE (State or Form)	reign
214-92-8161	1 M 2 D F	21	YRS.	MONTHS DATS	HOURS MIN.	02-0	8-69			ryland	
9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY, TOWN	OR LOCATION OF D	EATH		9c. COUN	TY OF C	DEATH	
Carroll County		Hospit	al	Westm	inster			Ca	rro	11	
10a. STATE 10b. COUNT				TY, TOWN OR LOCA						10d. INSIDE CITY	
	k County		St	ewartsto						1 TYES 2	NO
10 Cutler Circle	9			10	1. ZIP CODE 17363				S.A	what country?	
11. MARITAL STATUS	12. WAS DECEDEN				CENDENT OF HISPA			or No-		E — American Indi k, White, etc.	in,
1 Never Merried 2 Merried 3 Wildowed 4 Divorced	IF YES, GIVE V	YES 2 MAR OR DATES	No		3 2 NO Speci		ecari, atc.)		Spec	ettv:	
										White	
15. DECEOENT'S EDI (Specify only highest grad	UCATION le completed)	16a.	(Give kind of	work done during me		16b.	KIND OF BUS	SINESS/INDU	JSTRY		
Elementary/Secondary (0-12)	College (1-4 or 5	+)	Iffe. Do NOT	mer Stud	lont		Stude	nt			
12			FOL	mer stud							
17. FATHER'S NAME (First, Middle, Last)					16. MOTHER'S N.						
George Martin A	Aguilar						e Lloy				
19a. INFORMANT'S NAME (Type/Print)				G ADDRESS (Street						2	
Mr. & Mrs. G. Ma	artin Agu	ılar	10 C	utler Ci	rcle Ste	ewart:	stown,	PA 1	136	3	
20g. METNOD OF DISPOSITION 1 Description 3 Page 10 Pag	movel from State	20b. PLA	CE OF DISPO	SITION (Name of ce	metery, crematory or			CATION — C			
4 Donation 5 Other (Specify)		_	Drui	d Ridge			Bal	timor	e,	MD	
21. SIGNATURE OF FUNERAL SERVICE L	JCENSEE /										
		-		22. NAME A	ND ADDRESS OF F	ACILITY	Homo	(D)	0	Doy 10	51
23. PART I. Enter the diseases, or shock, or heart fellure iMMEDIATE CAUSE (Finel disease or condition requirities in death)	complications the	et ceused the use on each i	ine.	Haig Sykes	ht Fune	eral D 21	784 (3	01)-7	95-	Box 19 1400 Approxim Interval E Onset sn	ate atwee
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	1 - FOR STATE REGISTRAR	STATE OF MARY					EALTH AND DEATH	MENTA	L HYGIEN REG. NO.	E				
1	1. DECEDENT'S NAME (First, Microllo, Last) Elizabeth Catherine AMOSS  Elizabeth Catherine Amoss								DATE OF DEATH AONTH WICH 27, 1990 YEAR 2:10 A					
	4. SOCIAL SECURITY NUMBER		GE (In yrs. last	birthday)	IF UNDER	IF UNDER 1 YEAR			OF BIRTH			PLACE (State o		
	212-07-8606					DAYS	HOURS MIN.	(Mon	July 5,1905		Country	n Marylan		
	9a. FACILITY NAME (If not institution, give st	reet and number)			96, CIT	, TOWN C	R LOCATION OF	_		9c. COUN	TY OF DE			
OR	Homewood Retirem	ent Center			W	illia	amsport			Was	hing	ton		
EG	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN	OR LOCAT	ION					10d. INSIDE C	CITY	
DIRECTOR	Maryland Balt	imore		F	Balt:	imore	2					LIMITS?	□ NO	
AL	10e. STREET AND NUMBER					101	. ZIP CODE			10g. CITI2	EN OF W	HAT COUNTRY	٧?	
FUNERAL	unknown					1	ınknown			U	SA			
BY FUI	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 YOUR WAR OF	ES 2 N		_ 3	It yes, sp	ENDENT OF HISP ecify Cuben, Mexi 2 NO Spe	ican, Puerto		or No-	Black	- American I K, White, etc. 11te	Indian,	
	15. DECEDENT'S EDUC (Specify only highest grade		16a, DE0	CEDENT'S	USUAL C	CCUPATIO	ON .	18	b. KIND OF BUS	SINESS/IND	USTRY			
Щ	Elementary/Secondary (0-12)	College (1-4 or 5+)	Illo.	Do NOT u	se retired.)		st of working							
MP	12		1	ouse	ewife	2								
BE COMPLETED	17. FATHER'S NAME (First, Middle, Last)						Marth:		Middle, Maiden					
	John Hart  19a. INFORMANT'S NAME (Type/Print)	.man	196	MAILING	ADORES	S (Street a	nd Number or Run		ther City or Tow	Groo			-	
9	Clyde W. Kraft F	uneral Hom					t., Col							
	20a. METHOD OF DISPOSITION  1													
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY MINNICH FUNERAL HOME													
	MINNICH FUNERAL HOME 415 E. Wilson Blvd., Hagerstown, Md. 21740													
	23. PART I. Enter the diseases, or complications that caused the death, Do not enter the mode of dying, such as cerdiec or respiratory arrest,													
	shock, or heart fellure. List only one ceuse on each line.													
	IMMEDIATE CAUSE (Final disease or condition resulting to death)													
	DUE TO (OR AS A CONSEQUENCE OF):													
N	Sequentially list conditions.													
ATI	of the control of the													
CERTIFICATION	CAUSE (Disease or Injury that Initiated events Due to (or as a consequence of):													
H	resulting in death) LAST													
= 1	PART II. Other aignificent condition	e contributing to dear	th but not n	eaulting	In the u	nderivin	g cause given	In Part I.	24s, WAS AN	AUTOPSY	24b.	. WERE AUTOPS	BY FINDINGS	
S	DENTRICUC	o Juguer	2 St	tars	Y				PERFO			AVAILABLE PR		
E				,	•				1 123	No.		OF DEATH?	□ NO	
2									,					
SIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?						LACE OF DEATH	Check only	one)					
YSI	1 TES 2 NO	HOSPITAL: 1 inputient 2 ER/	Outpatient 3	□ DOA	4 N		ne 5 🗆 Resident	e 8 🗆 Ott	er (Specify)					
PHYSICIAN: MEDICAL	27. MAMMER OF SEATH 28a. DATE OF INJURY (Month, Day, Year) IN.					WC	URY AT ORK?	28d. Di	ESCRIBE HOW	INJURY OCC	URED			
BY	2/ Accident Investigation	M street to		YES 2 NO	281 1.0	281. LOCATION (Street and Number or Pural Route Number,								
LED									y or Town, State		Section 19			
COMPLETED	29a. CERTIFIER CERTIFYING PHYS	ICIAN: To the best of my k	(nowledge, de	eth occur	red at the	time, date	and place, and	tue to the c	euse(s) and ma	nner as stat	red.			
JMC	(Check only one) 2 MEDICAL EXAMINE											a) and menner	as stated.	
	29b. SIGNATURE AND TITLE DE CERTIFIE	R IA	4				29 LICENSE	NUMBER		29d, DAT	E SIGNED	(Month, Day	Hear)	
O BE	AHCCIM	/1150 W	CAL	)(a	6270	1	()(	106	)	•	5/2	27/10	)	
F-	30 NAME AND ADDRESS OF PERSON WH	COMPLETED CAUSE OF	E DEATH (ITE	277 (70	a Print)	1		N	11					

METZULE MD 1821

Zeve 162
32. REGISTRAN'S SIGNATURE
GURA LEWISON-Pandace

DHMH-1S Rev 1/89

TO BE COMF	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
he funeral director, page 5 should be detacheral.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
er death. Page 6 may be retained by the hosp	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Trours after death. Page 6 may be retained by the hosp
שביוויסהר, שמהודמת	DIVISION OF VITAL RECORDS, T.C. BOX 13145,

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA		RTMENT OF		MENTAL HYGIENI REG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, Last)	Rowland H.S				2. DATE OF DEATH	3. TIME OF DEATH			
	Rowland	H.S. "	BEDE	ELL.		MONTH - 4 DA	90	6:30 Am		
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In	yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. OATE OF BIRTH	8, BIR	THPLACE (State or Foreign		
	131-26-5019	YRS.	MONTHS DAYS	HOURS MIN.	Dec. 4,19	34 Brooklyn, NY				
	9a. FACILITY NAME (if not institution, give a	street and number)		9b. CITY, TOWN	OR LOCATION OF O	EATH	9c. COUNTY OF	DEATH		
8	Suburban Hospit	al		Bethes	sda		Montgo	omery		
5	RESIDENCE OF DECEDENT  10a, STATE 10b, COUNT	Υ	10e. CI	TY, TOWN OR LOCA	TION		10d. INSIDE CITY			
Œ I		gomery	- 1	thesda			LIMITS?			
FUNERAL DIMECTOR	10e. STREET AND NUMBER	Bomeri			H. ZIP CODE		10g. CITIZEN OF WHAT COUNTRY?			
8	8015 Greentree	Road			20817		U.S	5.A.		
<u> </u>	11. MARITAL STATUS	12. WAS DECEDENT EVER IN				NIC ORIGIN? (Specify Yes	or No- 14. RA	CE — American Indian, ick, White, stc.		
<u> </u>	1 Never Married 2 Married	FORCES? 1 YES			pecify Cuban, Maxica S 2 X NO Specif	in, Puarlo Rican, etc.) y:		ochy: White		
ğ	3 Widowed 4 Olvorced									
힏	15. DECEDENT'S EDU (Specify only highest grade	iCATION e completed)	16a. DECEDENT'S	S USUAL OCCUPAT work done during m use retired.)	ION lost of working	16b. KIND OF BUS	INESS/INDUSTRY			
ا ت	Elementary/Secondary (0-12)	College (1-4 or 5 +) 5+				V 11.				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	JT	Physi	CIAII	THE MOTHER'S NA	Medic				
	Francis Hall B	odo11				hy H. Smit	re a relative			
8	19a. INFORMANT'S NAME (Type/Print)	edell	19b. MAILING	G ADDRESS (Street		Route Number, City or Town				
임	Julie H. Bedel	1	I I SACTOR HILL			Bethesda,	1 1-301 - 1114	17		
	20a. METHOD OF DISPOSITION	20b.	PLACE OF DISPO		emetery, cremetory or		CATION — City or			
	1 Buriel 2 XCremetion 3 Ren 4 Oonation 5 Other (Specify)		t. Comf	ort Ceme	etery	Ale	xandria	. VA		
	21. SIGNATURE OF FUNERAL SERVICE LE		-,	22. NAME /	AND ADDRESS OF FA	CILITY				
	*mickey 0	challe.				's Sons, I		on,D.C.20016		
AL CERTIFICATION	shock, or heart fellure. List only one ceuse on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Due to (or as a consequence of):									
PHYSICIAN: MEDIC	PERFORMED?  1 YES 2 HO  1 YES 2 HO  25. WAS CASE REFERRED TO MEDICAL  26. PLACE OF DEATH (Check only one)									
SIC	EXAMINER?	HOSPITAL: 1   Inpatient 2   ER/Outpi	atlent 3 DOA	OTHER:		8 Other (Specify)				
	27. MANNER OF DEATH  1 Natural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b, TI	28b. TIME OF 28c. INJU INJURY WOR		JRY AT 28d. DESCRIBE HOW		INJURY OCCURED		
TED BY	2 Accident 3 Suicide s Could not be 4 Homicide determined	28e. PLACE OF INJURY building, atc. (Speci		, street, factory, off	ica	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
COMPLETED	29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(a) and manner as stated.  MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, dasth occurred at the time, data and place, and due to the cause(a) and manner as stated.									
8	29b. SIGNATURE AND TITLE OF CERTIFIE	Jac 1	wD	,	29c. LICENSE MU	MBEA 546	29d, DATE SIGN	ED (Month, Day, Year) —4—90		
2		HO COMPLETED CAUSE OF DEA		oe, Print) John	Tauber.	M.D.	500	M8.		
	31. DATE FILED (Month, Day, Your)  APR 06 90  Julia Davidson Randoll									

OHMH-18 Rev 1/89

ND 21203-3146

BALTIMORE, MARYL

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

FOR 1 - STATE

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAN			LITT	ICAIL	. 01	DEA		HEG.	VO.				
	1. DECEDENT'S NAME (First, Middle, Last)	imii D	ONDAROI	DT)					2. DATE OF DEATH	DAY4/6	90 90	3. TIME OF DEATH  3:00 A-M		
	ANNE RU						4							
	4. SOCIAL SECURITY NUMBER 578-42-2678	5. SEX	6. AGE (In yrs.	lest birthday)	MONTHS	DAYS	HOURS	MIN.	7. DATE OF BIRTH (Month, Day, Year 1/22/19	02	Count	PLACE (State or Foreign ny) nnsylvania		
1	9e. FACILITY NAME (If not institution, give street and number)					TOWN (	OR LOCATI	ON OF DEA			UNTY OF D			
œ									3111		Eliza e Fina e			
DIRECTOR	Hebrew Home of G	reater w	asningi	con		K	ckvi	гтте		M	ontgo	mery		
C	10a. STATE 10b. COUNT	Y		10c, CIT	Y, TOWN O	R LOCAT	ION					10d. INSIDE CITY		
E	MD Mor				Rock		_					LIMITS?		
	10e, STREET AND NUMBER	ntgomery			ROCK					1 40. 0	7/76// 05 1	1 X YES 2 NO		
¥.						101	. ZIP COD			10g. Ci		WHAT COUNTRY?		
9	6121 Montrose Ro							208			US			
FUNERAL	11, MARITAL STATUS  1 Never Merried 2 Merried	12. WAS DECEDEN	T EVER IN U.S.		13. \	MAS DEC 1 yes, sp	ENDENT (	OF HISPANI In, Mexicen	IC ORIGIN? (Specify n, Puerto Ricen, etc.	Yee or No-	14. RACI Blac	E — American Indian, k, White, etc.		
B	3 ⊠ Widowed 4 □ Divorced	IF YES, GIVE V	AR OR DATES		1	YES	2 NO	Specify:			Spec	,		
			10000							2011012220	SPORTEGIS	White		
ETED	15, OECEOENT'S EOU (Specify only highest grade			DECEDENT'S (Give kind of a life. Do NOT us	work done o	turing mo	on at of worki	ng	16b, KINO OF	BUSINESS/II	NDUSTRY			
۳	Elementary/Secondary (0-12)	College (1-4 or 5	+)						_	7.7				
COMPL	6			nome	make	r				Hom				
	17. FATHER'S NAME (First, Middle, Last)								AE (First, Middle, Ma					
96	Ralph Rosenfeld					_		Esthe		elman				
0	19e. INFORMANT'S NAME (Type/Print)	Terror terror	0						loute Number, City or					
	Renee Bondaroff									20850				
	20s. METHOD OF DISPOSITION 1 & Burtel 2 Cinemation 3   Rem	rovel from State	/ I uiber	place)	WEST CO.		1			LOCATION -				
	4 Donation 5 Other (Specify)		Mt.	. Leb	anon	Cem	eter	У		Adelph	i, M.	aryland		
	21. SIGNATURE OF FUNERAL SERVICE LA	CENSEE	17		DA	name ai NZA1	ND ADDRE NSKY-	GOLD	DBERG MEMORIAL CHAPELS, INC.					
	× / 1441	m.	Jes	1					Pike, R					
	23. PARTY I. Enter the diseases, or	complications the	t ceused the	deeth. Do								Approximate		
	shock, or hear fullure.	List only one car	ossible	ne.								Interval Between Onset and Death		
	IMMEDIATE CAUSE (Finel disease or condition													
	resulting in death)	e. DUE TO	OR AS A CON	BEOLIENCE O	FI	100	Vrisc	CLIT	1 ACC	RACCIDENT				
_ 1		h = 1 = 4	OR AS A CONS	V 5 10	"Нур	erte	ensi	on						
Š	Sequentially list conditions,				_							1		
CERTIFICATION	If sny, leading to immediate cause. Enter UNDERLYING	ART	ERIDS	CIER	Arteriosclerotic Diseas					se				
윤	CAUSE (Diseese or Injury that initiated events		(OR AS A CONS											
	resulting in deeth) LAST													
8		d												
4	PART II. Other significant condition	na contributing to	deeth but no	t reaulting	in the un	deriyin	g cause	given in		AN AUTOPS	Y 241	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
DICAL	40 VASCULI-	TIS								YES 2 NO		COMPLETION OF CAUSE OF DEATH?		
ш	HO DIABETES	MELLI	TUS									1 TES 2 NO		
Σ									_					
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL					26. P	LACE OF E	DEATH (Che	eck only one)					
	EXAMINER?	HOSPITAL:												
Ĕ∣	27. MANNES OF DEATH	28a. DATE O	INJURY	28b. TIA	E OF	28c. IN.	JURY AT	- I	28d. DESCRIBE H	W INJURY C	CCURED			
	1 Natural 5 Pending	(Month, I	Day, Year)	IN.	JURY M		YES 2	□ NO						
B	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE (	OF INJURY — At	home, farm,	atreet, fact				28f. LOCATION (St	eet end Numi	ber or Rural	Route Number.		
ᇤᅵ	4 Homicide 8 Could not be	building	etc. (Specify)						City or Town, S					
	29e. CERTIFIER			-		_	_			-				
d Z	one)	ER: On the best of												
COMPLETED	2 MEDICAL EXAMINI	EN: On the peels of	nummination end/	or investigati	on, in my c	pinion,	death occu	ent the beni	time, date and plac	, end due to	the cause	e) end menner ee stated.		
ш	29b. SIGNATURE AND TITLE OF CERTIFIE							ENSE NUN	-	29d. D	ATE SIGNE	D (Month, Day, Year)		
10 18	P. Talway M	レ.					D.	365	52	<b>&gt;</b>	4/6/	90.		
F	30, NAME AND AGORESS OF PERSON WE					_		_			5.45	2-50		
	PANKAJ TALWAR	1		TROS	E	ROY	40	P	-OCK-VIL	10	IND.	20852		
	31. DATE FILED (Month, Day, Year)	32. REGISTR	AR'S SIGNATUR	E										
	APR 1 0 '90	Archa Das	Holana_The	nda 02.										

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	HE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 m
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	FOR STATE REGISTRAR	STATE OF MARYLAND / I	DEPARTMENT OF I		ENTAL HYGIENE REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Lest) ADA	BELL		2	MONTH 40 4 AP 0	2-90 3	TIME OF DEATH P			
	4. SOCIAL SECURITY NUMBER 1 212-32-4424  9e. FACILITY NAME (If not institution, give	6. SEX  6. AGE (In yrs. last to 1   9   7   9   7	YRS. MONTHS DAYS	HOURE MIN.	Mode, Page Berl 93	3 Country) Mar	yland			
2	7296 Sanner	The state of the s	Elan	CKSVILLE	Z	HOWAY	d m			
DIRECTOR	10s. STATE 10b. COUNT	Howard	10c. CITY, TOWN OR LOCA	Clarksville						
FUNEHAL	100. STREET AND NUMBER 7296 Sanner	Road	10	1. ZIP CODE 21029	0g. CITIZEN OF WHAT COUNTRY?  USA					
	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARM FORCES? 1 YES 2 THE IF YES, GIVE WAR OR DATES	If yes, s	CENDENT OF HISPANIC Decify Cuben, Mexican, S 2000 Specify:	ORIGIN? (Specify Yes or N Puerto Ricen, etc.)					
	15. DECEDENT'S ED (Specify only highest grac Elementary/Secondary (0-12)	le completed) (Give	EDENT'S USUAL OCCUPATION IN THE PROPERTY OF MOTHER PROPERTY OF NOT use retired.)  Housewife	of work done during most of working use retired.)						
	17. FATHER'S NAME (First, Middle, Last)  Jesse Wise			May J	(First, Middle, Melden Surn ane Green					
	190. INFORMANT'S NAME (Type/Print) Sarah F. Mye		7296 Sann				21029			
	20s. METHOD OF DISPOSITION	moval from State 20b. PLACE 0 other place HODK	ins Cemeto	emetery, cremetory or		cation — City or Town, State ghland, MD				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY Snowden Funeral Home, P.A. Rockville, MD 20850									
	23. PART I. Enter the disease, or shock or heer failure IMMEDIATE CAUSE (Finel disease or condition resulting in death)	complications that caused the deal. List only one cause on each line.  BRE  a	AST CANCE		na cardiac or reepirato	ery arreat,	Approximate interval Betwee Onset and Deet			
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  d.										
	ATRIM FI	One contributing to death but not re		ng cause given in Po	PERFORMED  1 YES 2	0? A	AVAILABLE PRIOR TO			
MAIN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			PLACE OF DEATH (Check	k only one)					
Phraic	1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending	HOSPITAL: 1   Inpetient 2   ER/Outpetient 3   28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF 28c. IN	Me 6 Mesidence 6  IJURY AT PORK?  YES 2 NO	Other (Specify) 28d. DESCRIBE HOW INJU	RY OCCURED				
IED BY	a Castati	2 Accident 3 Suicide 8 Could not be 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)								
COMPLET	Country City	SICIAN: To the best of my knowledge, dea					and manner as stated.			
TO BE	29b. SIGNATURE AND TITLE OF CENTURE	MO COMPLETED CAUSE OF DEATH (ITEM	107 (5 0/	125 9	144 1	H. DATE SIGNED (	goreth, Day, Years 90			
	31, DATE FILED (Month, Day, Year)	TALEN 55	40 TEN	Mrs Ry	o CLARK	west	mo 421			
	APR 05 '90	grane Davidson	Mondell							

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician to THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trained per filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTI			MENTAL HYGI REG.					
	1. DECEDENT'S NAME (First, Middle, Last)  JOHN M	. BLAIR		2. OATE OF DEATH DAY			3. TIME OF DEATH				
i	577 00 0/22	SEX 6. AGE (In	74	ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	MAY 6, 1918			s. BIRTHPLACE (State or Foreign Country) WASHINGTON, D.C.		
TOR	98. FACILITY NAME (If not institution, give street and number)  SHADY GLOVE HOVENTIST HOSPITAL GAITHERSBURG  **COUNTY OF DEATH MONICOMER*										
DIRECTOR	10e, STATE 10b, COUNTY	TGOMERY	TOWN OR LOCAT GAITHER	SBURG			10d. INSIDE C LIMITS? 1XXYES 2				
FUNERAL	18113 COPPS HILL	PLACE		101	ZIP CODE 20	879	100 CI-S	U.S.A. WHAT COUNTRY?			
BY	11. MARITAL STATUS  1 Never Married 2 Merried  XX Widowed 4 Divorced	2. WAS DECEOENT EVER IN FORCES? 1 YES	2 X X 10	13. WAS DEC	cify Cuben, Mexice	IIC ORIGIN? (Specifi n, Puerto Ricen, etc /:	y Yee or No—	14. RACE — American Indian, Black, White, etc. Specify: BLACK			
COMPLETED	15. DECEDENT'S EQUCAT (Specify only highest grade core flamegtary/Secondary (0-12)	TON mpleted) College (1-4 or 5 +)	16e. DECEOENT'S US (Give kind of wo life. Do NOT use PROJECT	rk done during mo retired.)	N st of working		N PICT		NDUSTRY		
COM	17. FATHER'S NAME (First, Middle, Last) JOHN M. BLAIR				18. MOTHER'S NA MARY F	UTCHISON	(den Surneme)				
TO BE	19e. INFORMANT'S NAME (Type/Print) HAROLD C. BLAIR		19b. MAILING A 6102 B	OORESS (Street a	nd Number or Rurel ROAD CLI	NTON, MA	ŔŸĹĂŇĎ	<sup>Coole</sup> 207	735		
	199. INFORMANT'S NAME (TyperPrint) HAROLD C. BLAIR  199. MALING ADDRESS (Street and Number or Rural Fourte Number, City or Town, State 7th Code Code Code Code Code Code Code Code										
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. ROLLING SEPONERAL HOME, INC.  4339 HUNT PLACE, N.E. WASHINGTON, D.C. 2001										
CERTIFICATION	23. PART I. Entar tha diseasea, or conshock, or heart failure. List immediate cause or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated evants resulting in death) LAST	DUE TO (OR AS A DUE TO (OR AS A		ock ks hie	de of dying, suc	h se cardiac or r	eapiratory sri	rest,	Approximate Interval Batween Onset and Daath		
BY PHYSICIAN: MEDICAL CE	PART II. Other significant conditions of Sus putch	contributing to death but COLM CANCE, ICMY AND	tha underlyin	g cause given in		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 X NO					
SICIAN	25. WAS CASE REFERRED TO MEDICAL. EXAMINER?  1  YES 2  NO	neck only one)			_						
BY PHYS	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	Inpatient 2 ER/Outpa 28e. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	OF 26c. INJ RY WO	PRK? YES 2 NO	DW INJURY OC	W INJURY OCCURED				
	3 Suicide 6 Could not be 4 Homicide determined	3 Suicide 6 Could not be 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28s. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)									
COMPLETED	one)	AN: To the best of my knowle On the beele of examination							and manner ee stated.		
BE	29b. SIGNATURE AND TITLE OF CERTIFIER		29c. LICENSE NU D 2/3	MBER 40		19d. DATE SIGNEO (Month, Day, Year)  3-29-90					
오	30. NAME AND ADDRESS OF PERSON WHO G	COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type, I	Print)							
	31. DATE FILED (Month, Dey, Year) 34PR 205990	32. REGISTRAR'S SIGNA	TURE Pandall								

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTME			MENTAL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last)	Catherine E.	Bart	long		2. DATE OF DEATH MONTH DA	NY	YEAR 7	TIME OF DEATH	
0	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (in yrs. i	lest birthday) IF UM WONTH	DER 1 YEAR IF I	UNDER 24 HRS. URS MIN.	7. DATE OF BIRTH (Month, Day, Year) May 28,19	T	8. BIRTHPLA Country)	ACE (State or Foreign	
) E	9a. FACILITY NAME (If not institution, give stre		9b. C	9b. CITY, TOWN OR LOCATION OF DEATH CLINTON			28,1913 Virginia  PRINCE GEORGE			
DIRECTOR	10a. STATE 10b. COUNTY  Maryland Charl 10c. STREET AND NUMBER	es	10c. CITY, TOWN	or Location					d. INSIDE CITY LIMITS? YES 2 NO	
FUNERAL	301 Hillside Dr.	12. WAS DECEDENT EVER IN U.S., FORCES? 1 YES 2 [	ARMED	3. WAS DECENDE	20601 ENT OF HISPAN Cuben, Mexica	IIC ORIGIN? (Specify Yes	П	SA	American Indian,	
ED BY	3 N Widowed 4 Diverced  15. DECEDENT'S EDUCA (Specify only highest grade of	ompleted)	DECEDENT'S USUAL (Give kind of work do	OCCUPATION	NO Specify	16b. KIND OF BUS	SINESS/INDI		hite	
COMPLET	Elementary/Secondary (0-12) 12 17. FATHER'S NAME (First, Middle, Last)	ousewife	1.)		Own Hor					
BE	William Hawkins Lila  19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Ro							Code)		
10	Carole Pfeifer  20s. METNOD OF DISPOSITION 1 A Burlel 2 Cremetlon 3 Remon		4233 Silv E OF DISPOSITION Place)			Suitland. 1		20746 City or Town,	State	
	4 Donation 5 Other (Specify)	Telbarh	Wewberry F	Robert H	E. Wilh	nelm, Inc.	4308 Suit	land,	land Dd	
	23. PART I. Enter the diseases, or conshock or heart fellure. LI IMMEDIATE CAUSE (Final disease or condition resulting in death)	Ist only one cause on each III	death. Do not en ne.	er the mode o	of dying, auci	h aa cardiac or reap	Iratory arre	est,	Approximete Interval Betwee Onset and Dast	
CERTIFICATION	disease or condition reaulting in death)  Due To (or as a consequence of):  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST  Due To (or as a consequence of):  Due To (or as a consequence of):									
MEDICAL	PART II. Other significent conditions	contributing to death but no	t resulting in the	underlying ca	use given in	Part I. 24s. WAS AN PERFO! 1 YES 2	RMED?	AM CO OF	ERE AUTOPSY FINDINGS ANLABLE PRIOR TO MMPLETION OF CAUSE DEATH? YES 2 NO	
PHYSICIAN:		HOSPITAL: 1   Inpatient   2   ER/Outpatient	3 □ DOA 4 □ I	ER:	OF DEATH (Ch	eck only one)  6  Other (Specify)				
ву РНУ	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	INER OF DEATH  28s. DATE OF INJURY (Month, Dey, Year)  28b. TIME OF INJURY (Month, Dey, Year)					NJURY OCC			
LETED	3 Sulcide 6 Could not be datarmined		City or Town,							
COMPLETED	(Check only one) 2 MEDICAL EXAMINER	IAN: To the best of my knowledge, : On the basis of examination and/		y opinion, death	occured at the	lime, data and place, ar	nd due lo lh	e cause(s) an		
BE	296. SIGNATURE AND TITLE OF CERTIFIER	math			LICENSE NUI		29d. DATE	SIGNED (M	onth, Day, Year)	

OFFICE RD, WALDORF

30. NAME AND ADDRESS OF PERSON WHO COMPLETED

9

CAUSE OF DEATH (ITEM 27) (Type, Print)

APR 05 90 32. REGISTRAR'S SIGNATURE

funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1,

DIVISION OF VITAL RECORDS, P.O. BOX 13146,  TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach be filled with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.  MARCHARANT HISTORY STATES AND A SHOWER AND HINTING TO THE TANDMINIST OF THE TANDMIN
--

15

30. NAME AND ADDRESS OF PERSON
LSTIELP S, G/
31. DATE FILED (MONTH, Day, Year)

APR 1 0 90

GALVEZ

	FOR STATE REGISTRAR	TATE OF MARYL			OF HEALTH		NTAL HYGIENE REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)  DORSEY  N	1. Ben	ichai	20			DATE OF DEATH	990	AR 3. T	ME OF DEATH
i.	4. SOCIAL SECURITY NUMBER 5. S 220-44-7116 1	6. AGE (	(In yrs. last birthday)  YRS.	MONTHS 1	YEAR IF UNDER :	MIN. J	DATE OF BIRTH (Month, Day, Year) an. 28,18	396	Mary	E (State or Foreign Land
20	98. FACILITY NAME (If not institution, give street and number)  HARTORD MEMORIAL HOSP, HAVE de GRACE HAR							OF DEATH	2	
DIRECTOR	10a. STATE 10b. COUNTY Maryland	Cecil	10e. CIT	Y, TOWN OR Peri	LOCATION ryville					INSIDE CITY LIMITS? YES 2   NO
EKAL	100. STREET AND NUMBER 423 Aiken Avenue, P	.O. Box 1	12		101. ZIP CODE 21	903		10g. CITIZEN	OF WHAT	COUNTRY?
II 1   Never Married 2   Married							or No- 14.	RACE — A Black, Wh Specify:	White	
							RY			
2	17. FATHER'S NAME (First, Middle, Last) Frederick Nelson						(First, Middle, Meiden: L. Michae			
19a. INFORMANT'S NAME (Type/Print)  19a. INFORMANT'S NAME (Type/Print)  M. Carolyn Beauchamp  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  423 Aiken Ave., P.O. Box 112, Perryvill  20a. METHOD OF DISPOSITION 11X Burlal 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)  20b. PLACE OF DISPOSITION (Name of cametery, crematory or other place) Specutia Cemetery  Perryman, M									, Md 21903	
	21. SIGNATURE OF FUNERAL SERVICE LICENSI	TETO M	Sr.	Le	ame and addresse A. Pa erryvill	tters	on à Son	Funer	al Ho	ome
	23. PART I. Enter the diseases, or compshock, or heart failure. List IMMEDIATE CAUSE (Finel disease or condition	only one cause on e	each line.						,     	Approximate interval Between Onset and Death
2	IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Cau dis hes piratory durest  Due to (or as a consequence of):  Chimic Abstructive Luy Deslar.									
HIFICATION	If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	•	A CONSEQUENCE O		-					
CER	resulting in death) LAST									
: MEDICAL	PART II. Other significant conditions of Plufn otegl Vis Ula to P	1	but not resulting	In the unc	derlying cause (	given in Pa	rt I. 24a. WAS AN PERFOR	MED?	AMA COI OF	RE AUTOPSY FINDINGS  JLABLE PRIOR TO  MPLETION OF CAUSE  DEATH?  YES 2 NO
PHYSICIAN:		OSPITAL:	instient 3 □ DOA	OTHER	26. PLACE OF 0					
	27. MANNER OF DEATH  1 Natural 8 Pending	28a. OATE OF INJURY (Month, Day, Year)	28b. Ti		28c. INJURY AT WORK?	2	8d. DESCRIBE HOW I	NJURY OCCUP	RED	
TED BY	2 Accident Investigation 3 Suicide 8 Could not be datarmined	26s. PLACE OF INJURY — At home farm street factory office.  28f 1 OCATION (Street and Number of Rural						Rural Route	Number,	
COMPLETED	(Check brilly	e: To the best of my known							ause(s) an	d manner as stated.
BE CC	296. SIGNATURE AND TITLE OF CERTIFIER	2 MEDICAL EXAMINENT On the desire of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated								onth, Day, Year)

OF DEATH (ITEM 27) (Typa, Print)
D. 625 S. UNION AVE. HADRE MD

EZ, M.D. 625 32. REGISTBAR'S SIGNATURE Julia Davidson-Randale

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL HYGIEN
CERTIFICATE OF DEATH	REG. NO.

	1 - STATE REGISTRAR	STATE OF MARY		RTMENT OF			ENTAL HYGIENE REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)		D.4.1	1			DATE OF DEATH DAY				
	01ga	5. SEX 6. AGE		licke	I lavana		pril 3,	1990	17:50 A M		
	218-62-1975		(In yrs. last birthday)  5 YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS 1	MIN.	(Month, Day, Year)				
	9a. FACILITY NAME (If not institution, give	street and number)		9b. CITY, TOWN	OR LOCATIO	N OF DEAT	н	9c. COUNTY O	F DEATH		
FUNERAL DIRECTOR	Maryland Gener	cal Hospita	1	Balti	more	Cit	у	BALT	IMORE		
tec.	10e. STATE 10b. COUNT	ľY	10c. CIT	Y, TOWN OR LOC	ATION				10d. INSIDE CITY		
D	MARYLAND Bal	Ltimore		Garri	con				1 YES 2 XNO		
AL	10e. STREET AND NUMBER				of. ZIP CODE			10g. CITIZEN O	F WHAT COUNTRY?		
ER	Reisterstown Roa	ad at Greens	ring Val	law Rd	21	055		Germ	27317		
S	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED	13. WAS DE	CENDENT OF	HISPANIC	ORIGIN? (Specify Yea	or No 14. R	ACE — American Indian.		
	1 Never Married 2 Married	FORCES? 1 TYES		II yes, a	pecify Cuban S 2 X NO	Maxican, I Specify:	Puerto Rican, etc.)		lack, White, etc. pecify:		
ВУ	3 Widowed 4 N Divorced								White		
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad		16e. DECEDENT'S	WORL OCCUPAT work done during n se retired.)	ION lost of working		18b. KINO OF BUS	INESS/INDUSTR	Y		
	Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT u	se retired.)	20000						
MP	12th		Но	memaker			Own	Home			
00	17. FATHER'S NAME (First, Middle, Last)				18. MOTH	ER'S NAME	(First, Middle, Maiden S	Surname)			
BE		vailable				U1	navailable	9			
10	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	and Number	or Aural Rou	ite Number, City or Town	, State, Zip Code)			
-	Mr. Eric W. Bili		7-A	Killora	n Driv	e, N	ew Castle	Delaw	are 19720		
	20a. METHOD OF DISPOSITION 1 □ Burial 2 □ Cramation 3 □ Rer	movel from State	b. PLACE OF OISPO	SITION (Name of c	emetery, crema	story or	20c. LOC	ATION City o	r Town, Steta		
	4 Donation 5 D Other (Specify)		Silverb	rook Cer			Wilm	nington	, Delaware		
	21, SIGNATURE OF FUNERAL SERVICE	CENDER			AND ADDRES		al Homes				
	SHADTIGE!	1600 Pot	APT TO				Claymont,	Dolarra	***		
	23. PART I. Enter the diseases, or	complications that cause	ed the death. Do						Approximate		
	shock, or heert failure	. List only one cause on	eech line.					,	interval Between Onset and Death		
	iMMEDIATE CAUSE (Finei disease or condition		1	CC							
	resulting in death)	* Acute tracheobroachitis with patchy bronchopneumonia,									
-		due to Arteriosclerotic Cardiovascular Disease.									
CERTIFICATION	Sequentially list conditions,	equentially list conditions, any, leeding to immediate									
CAI	cause. Enter UNDERLYING	6									
Ē	CAUSE (Disease or injury that initiated events	DUE TO (OR AS	A CONSEQUENCE O	F):							
H	resulting in deeth) LAST	d									
	DADT II Other similiant and dis-										
PHYSICIAN: MEDICAL	PART II. Other significant condition	ns contributing to death	but not resulting	in the underlyi	ng cause g	iven in Pa	ert i. 24s. WAS AN		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO		
DIG							1 1 YES 2	NO (I)	OF DEATH?		
ME							_		1 1 YES 2   NO		
ä											
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	PLACE OF DE	ATH (Check	k only one)				
YSI	1 ☐ YES 2 🛣 NO	1 inpatient 2 ER/Ou			me 5 🗆 Res	idenca 6	Other (Specify)				
F	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)		JURY 28c. II	JURY AT	2	ed. DESCRIBE HOW IN	JURY OCCURED			
BY	1 X Natural 5 Pending 2 Accident investigation				YES 2	NO					
ED	3 Suicide 6 Could not be	28e. PLACE OF INJUR building, etc. (Sp	RY — At home, farm, ecify)	street, factory, of	lca	2	261. LOCATION (Street a City or Town, State)	nd Number or Ru	rel Route Number,		
===	4 Homicide determined										
COMPLET	29a. CERTIFIER (Check only 1 CERTIFYING PHY	SICIAN: To the best of my kno	wiedge, death occur	red at the time, de	te end place,	and due to	the cause(a) and men	ner as stated.			
OM	one) 2 MEDICAL EXAMIN	NER: On the basis of examinat	ion and/or investigati	on, in my opinion,	death occure	d at the tir	ne, data and place, and	d due to the cau	se(s) and menner as stated.		
	29b. SIGNATURE AND TITLE OF CERTIFI	ER			29c. LICE	NSE NUMB	ER	29d. DATE SIGI	NED (Month, Day, Year)		
m O N ' A. C											
10	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF I	DEATH (ITEM 27) (Typ)	a, Print)	1 14	1 11		4/3	730		
	Rahin	M.O .			and C	000-	al Hosp:	1 4 - 1			
	31. DATE FILED (Month, Day, Year)		NATURE	LIGITY I	and G	enel	ат повр	rtal			
	APR 6'90	32. REGISTRAR'S SIG	dson-Rande	20_							
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DHMH-16 Rev 1/89

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9	filler	ion.	he
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral and	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examinant
uted	000	inial,	ic e
exec	and	20 DE	mati
e pe	sician	rior	trau
rtificate	og phys	liene p	ther
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1 - STATE REGISTRAR	STATE OF MARYL		RICATE OF		MENTAL HYGIENI REG. NO.	E				
1. DECEDENT'S NAME (First, Middle BESSIE	DORA	e Dora E	Barthlow BARTH <b>O</b> L	W	2. DATE OF DEATH DA	1990				
4. SOCIAL SECURITY NUMBER 218-24-2066	1 M 2 X F 7	(In yrs. lest birthday) 73 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURE MIN.	7. DATE OF BIRTH (Month, Day, Year) 1-28-1917	M	HRTHPLACE (State or Foreign ountry) aryland			
9a. FACILITY NAME (If not institution PHYSTCTANS	MEMORTAL HOS	PITAL.	9b. CITY, TOWN C	ATA	ATH	ec. COUNTY C				
10a, STATE 10b.	COUNTY	10c. CIT	ndian Hea				10d. INSIDE CITY LIMITS?  1 Y YES 2 ND			
10e. STREET AND NUMBER 33 Mattingly 11. MARITAL STATUS				20640		10g. CITIZEN	OF WHAT COUNTRY?			
3 Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 YES	2 XXID	If yes, sp		, Puarto Rican, etc.)	GIN? (Specify Yea or No— 14. RACE — American India Black, White, atc. Specify: White				
15. DECEDENT (Specify only higher lementary/Secondary (6-12) 8 17. FATHER'S NAME (First, Middle, L. Deilin Oliver Control of the control of t	'S EDUCATION st grade completed)  College (1-4 or 5+)	(Give kind of work done during most of working								
17. FATHER'S NAME (First, Middle, L Philip Oliver										
Jeanne L. Bus	19a. INFORMANT'S NAME (TyperPrint)  Jeanne L. Bushey  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  #6 Irving Place, Indian Head, Md. 20640									
4 Dignetion 5 Other (Speci	Trinity Memorial Gardens Waldorf, Maryland  22. NAME AND ADDRESS OF FACILITY Huntt Funeral Home P. O. Box 156, Waldorf, Md. 20604-0156									
	lisease or condition (a ray of free free free free free free free f									
Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. Rell Y	A CONSEQUENCE O	PF):	nening	ilus					
PART II. Other algnificant co	nditions contributing to deeth	but not resulting		g ceuse given in	Part i. 24s. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO			
25. WAS CASE REFERRED TO MED EXAMINER?	HOSPITAL:		26. P	ACE OF DEATH (Ch	eck only one)					
25. WAS CASE REFERRED TO MED EXAMINER?  1 YES 2 0-40  27. MANNER OF DEATH  1	1 Snpetlant 2 ER/Out 28a. DATE OF INJURY (Month, Day, Year)	26b. TH	4 Nursing Hon ME OF 28c, IN. JURY WO	URY AT PRK? YES 2 ND	6 Other (Specify)  28d, DE\$CRIBE HOW I	NJURY OCCURE	ED			
2 Accident Investi	gation  28s. PLACE OF INJUR not be building, stc. (Soc	Y — At home, farm,			26f. LOCATION (Street a City or Town, State)	and Number or R	tural Route Number,			
one)	G PHYSICIAN: To the best of my know						use(a) and manner as stated.			
296. SIGNATURE AND TITLE OF C	ERTIFIER LONG	tending Pl	hysician	29c. LICENSE NUI D1 2 5 8 7	MBER	29d. DATE SIG	GNED (Morth, Day, Year) 9-90			
	SDN WHO COMPLETED CAUSE OF DINKAR RATH, M.	EATH (ITEM 27) (Typ	e, Print)	FICE RO	AD CENNA	CENTE	WALDORF ER MARYLAND			
31. DATE FILED (MORIT), Day, Year,	32. REGISTRAR'S SIG									

or attending physician. D-21203-3146

BALTIMORE, MA

DR

10090

	FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE  1 - REGISTRAR CERTIFICATE OF DEATH REG. NO.												
	1. DECEDENT'S NAME (First,	Middle, Last)							2. DAT	TE OF DEATH	Y	YEAR.	3. TIME OF DEATN
		RVEY	$\angle$ $R$			INE				4-7	7-	90	TO W
	4. SOCIAL SECURITY NUMB		5. SEX		yrs. last birthde	MONTHS	DAYS	IF UNDER 24 HRS. HOURS MIN.	(Mo	7. DATE OF BIRTN (Month, Day, Year)  8. BIRTNPLACE (State or Country)			
	214-30-3945		1 XM 2   F	57	YRS					1-22-32			ryland
<sub>æ</sub>	9a. FACILITY NAME (If not in							OR LOCATION OF DE	EATN			NTY OF D	
<u>ē</u>	Baltimore C	EDENT	Gen. Hos	pital	-	Ra	anda.	llstown			Bal	Ltimo	re
DIRECTOR	10e. STATE	10b. COUNTY			10c.	CITY, TOWN OR LOCATION							10d. INSIDE CITY LIMITS?
	Maryland	Carro	ll Count	У	S:	ykesvi	_						1 TES 2 NO
FUNERAL	100. STREET AND NUMBER						101	. ZIP CODE			10g. CIT		WHAT COUNTRY?
5339 Wendy Road 21784 U.						U.S.							
요	11. MARITAL STATUS  1 Never Married 2 X	Married	12. WAS DECEDEN	YES	2 NO	13.	If yes, sp	ENDENT OF NISPAN ecity Cuban, Mexica	n, Puart		or No—	Blac	E — American Indian, k, White, etc.
B	3 Widowed 4 Divo		IF YES, GIVE Y	WAR OR DATE	ES		1   YES	2 XNO Specify	y:			Spec	White
	15. DEC	EDENT'S EDUC y highest grade	CATION COmpleted	10	6a. DECEDEN	T'S USUAL C	CCUPATIO	ON set of working	1	66. KIND OF BUS	INESS/IN	DUSTRY	
	Elementary/Secondary (0		College (1-4 or 5	+)		of work done T use retired.)							
COMPLETED	12				Sale	s Trar	nspoi	rtation				1 Tra	nsfer Co.
	17. FATHER'S NAME (First, M							18. MOTNER'S NA			Surname)		
8	Harry Br			-	19b MAIL	ING ADDRES	S (Street )			Fitez	State 7	n Codel	
2	Mary Rebecc		er						Route Number, City or Town, State, Zip Code)				
	20e. METNOD OF DISPOSIT	ION		20b. P	LACE OF DIS			metery, crematory or	J V T T			City or To	own, Stata
	1 Description 2 Crematic		oval from State		Lake V	View N	1emo:	rial Park	ς .	Syk	esvi	lle,	MD
	21. SIGNATURE OF FUNERA	L SERVICE LIC	ENSEE //	. /	1	22 T	NAME A	ND ADDRESS OF FA	CILITY				Box 195)
	► Bru	an.	X. Pla	igli	7			sville,					
	23. PART i. Enter the d		complications the										Approximate interval Between
	IMMEDIATE CAUSE (Fir									,	2/		Owner and Death
	disease or condition resulting in desth)	$\rightarrow$	MASSI	VE	ESO	PHA	SEA	L VAR	210	ES /	SLEE	-DIA	VE
	DUE TO (OR AS A CONSEQUENCE OF):												
ON	IMMEDIATE CAUSE (Final disease or condition resulting in desth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury)  LIVER CARRHOSCS WITH ASCITES  Onser and to disease of the conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury)												
ATI	if any, lesding to imme cause. Enter UNDERLY	diate ING	Lw.	=12	CII	OPH	050	c WIT	et.	Ac	OM	16	į
띮	CAUSE (Disesse or injute that initiated events	iry	DUE TO	(OR AS A C	ONSEQUENC	E OF):			-3	, , ,	71		
CERTIFICATION	resulting in death) LAS	i Τ	d										
	PART II. Other aignifice	ent condition	s contributing to	death but	not resulti	ng in the u	Inderlyin	g cause given in	Part i.	24a. WAS AN	AUTOPSY	24	. WERE AUTOPSY FINDINGS
CAL	PASE							BONE		PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE
ED	7									1 TYES 2	XI NO		OF DEATH?
2													
PHYSICIAN: MEDIC	25. WAS CASE REFERRED T EXAMINER?	O MEDICAL	HOSPITAL:					LACE OF DEATH (Ch	heck only	( one)			
YSI	1   YES 2   NO		1 Inpatient 2	ER/Outpat	lent 3 🗆 DO	A 4 Nu		ne 5 🗆 Raaldenca	6 🗆 0	ther (Specify)			
PH	27. MANNER OF DEATH  1 Natural 5	Pending	28a. DATE O (Month,	FINJURY Day, Year)	28b.	TIME OF INJURY	W	JURY AT ORK?	28d. (	DEŞCRIBE HOW I	NJURY O	CCURED	
2 Accident Investigation 28s. PLACE OF INJURY — At home, farm, street, factory, office 28s. PLACE OF INJURY — At home, farm, street, factory, office								0 (	On the Market				
								noute Number,					
COMPLETED	29a. CERTIFIER	TIEVING DUVE	ICIAN: To the here	d mu kmaud-	dae death	numeral at at	tl=	and alone lead a	10.00	sawafa) d :		et a d	
MP	(Check only							and place, and due death occured at the					a) and menner as stated.
	29b. SIGNATURE AND TITLE							29G, LICENSE NUI					D (Month, Day, Year)
BE		Im	(>					1)195	01	2_	•	4-	7-90
2	30. NAME AND ADDRESS O			ISE OF DEAT	IN (ITEM 27)	Time Print's			-			-	, , -

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
B: CONAWAN, MD

13011

5.7

All have been seen as

U	1	)		
		mached for use as the burial-transit permit. Pages 1, 2, 3 should		
		permit. Pages		
3146	ing physician.	the burial-transit		
D 21203-	nospital or attending physician.	ched for use as		ei ei
MARKE AN		THE REAL PROPERTY.		
BALTIMORE, MARYLAND 21203-3146	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be applied to the HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be applied to the HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be applied to the page 10	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director presents and property of the complete property of the co	b	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be seen
BALTI	surs after death.	in by the funera	ir removal.	nedical examin
146,	uted within 24 Tid	completely filled	rial, cremation, c	ic event, the n
). BOX 13	ertificate be exec	ing physician and	giene prior to bu	other traumat
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	that the death c	ed by the attendi	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	any injury, or
AL RECO	The law requires	te has been sign	nte Deprt. of Health	em 23 shows
N OF VIT	NG PHYSICIAN:	fter this certifical	eath with the Sta	marked, or ite
/ISIO	ATTENDI	ECTOR: A	s after de	28 Is
5	TAL OR	AL DIRE	72 hour	If Item

	FOR STATE REGISTRAR	STATE OF MARYLA	AND / DEPARTN CERTIFIC			IENTAL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Lest) James	Ore:	n Blake	ley		2. DATE OF DEATH MONTH 4-2-90	NY YI	AR	ime of Death : 15PM M	
	4. SOCIAL SECURITY NUMBER		In yrs. lest birthday) #	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	6.	SIRTHPLAC Country)	E (State or Foreign	
	215 72 2608		17 YRS.			05-08-197	2	M	D	
TOR	98. FACILITY NAME (If not institution, give st Winters Run/Rt. RESIDENCE OF DECEDENT		98	-	ewood	ATH	9c. COUNTY Harfo		ounty	
DIRECTOR	10e. STATE 10b. COUNTY	arford	10c. CITY, T	OWN OR LOCAT	e de Gra	ace.			INSIDE CITY LIMITS? YES 2 X NO	
	10e. STREET AND NUMBER				ZIP COOE	100	10g. CITIZEN			
FUNERAL	3601 Level Village	e Road			21078			USA		
BY FUN	11. MARITAL STATUS 1 XNever Married 2 Married 3 Widowed 4 Divorced	XNever Married 2 ☐ Married FORCES? 1 ☐ YES 2 XNO			13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No If yea, specify Cuban, Mexican, Puerto Rican, etc.) 1 YES 2 XNO Specify:				White	
ED	15. DECEDENT'S EDUC (Specify only highest grade	CATION	16a. OECEDENT'S US			18b. KIND OF BU	SINESS/INDUS	TRY		
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	Ille. Do NOT use re	tired.)	ot or working	C - CI				
DMP	9th 17. FATHER'S NAME (First, Middle, Last)	T. CCOTAGATE								
EC	James Walter Bla	keley				e Dowell	,	mame)		
TO BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	A STATE OF THE STATE OF	nd Number or Rural R	oute Number, City or Tow				
F	Mr. James Walter		3401-7			d, Havre				
20s. METHOD OF DISPOSITION 1 XBurlal 2 Cremation 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) 20c. LOCATION — City or Town, State										
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	Hart	22. NAME AP	D ADDRESS OF FAC	CILITY				
	N.2-00 . 8	2	-			Funeral				
	IMMEDIATE CAUSE (Final	List only one cause on a	ach line.						Approximata interval Between Onset and Death	
CERTIFICATION	Sequantially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST									
PHYSICIAN: MEDICAL C	PART ii. Other significant condition	s contributing to death b	out not resulting in	he underlyin	g cause given in	Part i. 24a. WAS AMPERFO	RMED?	AVA COI OF	RE AUTOPSY FINDINGS ILABLE PRIOR TO IPPLETION DE CAUSE DEATH?  PYES 2   NO	
ä										
CIV	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		THER:	ACE OF DEATH (Che		SCEI	ATE:		
HYS	XXXES 2 □ NO 27. MANNER OF OEATH	1 Inpatient 2 ER/Outp	28b, TIME C	F 28c. INJ	uRY AT	28d. DESCRIBE HOW				
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	FOUND: 4-2	INJUR	Y WC	AESXXX NO	Subject	stabed			
	3 Suicide 8 Could not be	— At home, farm, stre	eet, factory, office 28f. LOCATION (Street and			and Number or	Number or Rural Route Number, , Rt. 40/755, Harford			
COMPLETED		ICIAN: To the best of my know							f manner as stated.	
TO BE C	296. SIGNATURE AND TITLE OF CENTINES	he three			29c. LICENSE NUN OCME	18ER	1	3-90	nth, Day, Year)	
	30. NAME AND ADDR SS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  MARGARITA A. KORELL, MD  111 Penn Street, Baltimore, MD 21201									
	אא המדמאמאל אייר								)1 v(	

32. REGISTRAR'S SIGNATURE

APR 04 '90

DHMH-16 Rev 1/89

Emmy Share

3. TIME OF DEATH

10d. INSIDE CITY

14. RACE — American Indien, Black, White, etc.

White

1 X YES 2 NO

Approximete

8. BIRTHPLACE (State or Foreign

Maruland

9c. COUNTY OF DEATH

Washington

USA

10g. CITIZEN OF WHAT COUNTRY?

DIRECTOR

FUNERAL

BY

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Sequentially list conditions, If any, leading to immediate

cause. Enter UNDERLYING CAUSE (Disease or Injury

reaulting in death) LAST

DYARBYES

that initiated events

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 noun	TO THE MOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 nour TO THE FUNERAL OIRECTOR: After this certificate has been signed by the attending physician and completely filled in	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nour TO THE FUNERAL OIRECTOR: After this certificate has been signed by the attending physician and completely filled in be filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or is	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hour TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or 1 IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the me

BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE REGISTRAR 1 CERTIFICATE OF DEATH 1. OECEDENT'S NAME (First, Middle, Last) 2. DATE OF OEATH March 29, 1990 MAZIE MAE BACHTELL 7. DATE OF BIRTH May 4, 1903 4. SOCIAL SECURITY NUMBER 5. SEY 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. DAVE HOURS 86 213-10-6845 1 M 2 F 9e. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH Washington County Hospital Hagerstown RESIDENCE OF DECEDENT 10b. COUNTY 10c, CITY, TOWN OR LOCATION Maryland Washington Smithsburg 10e. STREET AND NUMBER 101, ZIP COOF Rt. 1 Box 2A 21783 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-ORCES? 1 TYES 2 If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Merried 2 Merried 3 N Widowed 4 Divorced 16a. DECEDENT'S USUAL OCCUPATION
If the kind of work done during most of working 15. DECEDENT'S EDUCATION 18b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp (Give kind of work done life. Do NOT use retired.) Flamentary/Secondary (0-12) College (1-4 or 5+) Homemaker Home 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Arthur B. Grove Laura M. Smith 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Helen L. Semler 1 Box 3 Smithsburg.MD 21783 20a, METHOD OF DISPOSITION

1 X Burlel 2 Cremetion 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cometery, crematory or 20c. LOCATION - City or Town, State Smithsburg Cemetery Smithsburg, MD 4 Donetion 5 Other (Specify) 21. SKINATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
Davis Funeral Home Rt. 3 Box 78 Smithsburg, MD enno 23. PART 1. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, ahock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Fine) disease or condition

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

interval Between Onset end Death ARDIO PULMONARY
DUE TO (OR AS A CONSEQUENCE OF): 45 MINUTE EREBROVASCULAR ANSIENT ISCHEMIC ATTACKS DUE TO (OR AS A CONSEQUENCE OF): RIAL IBRILLATION 5 YEARS PART ii. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s WAS AN AUTOPSY 24h WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO

HUPERTEN	1 □ YES 2 💆 NO	OF DEATH?				
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL: 1 Inpetient 2 - ER/Outpetient 3	□ DOA 4 □ No	26. PLACE OF DEATH (C			
27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28d. DEŞCRIBE HOW INJURY OCCU	RED		
3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At hor building, etc. (Specify)	me, farm, street, fe	281. LOCATION (Street and Number or City or Town, State)	LOCATION (Street and Number or Rural Route Number, City or Town, State)		
29a. CERTIFIER (Check only one)	CIAN: To the best of my knowledge, dec	eth occurred at the	time, date and place, end du	e to the ceuse(e) end manner as stated	l.	

Z	which, death occured at the time, date end pie	ce, end due to the ceuse(e) and manner ee stated.
96. SIGNATURE AND TITLE OF CERTIFIER G. Taylor NO	29c, LICENSE NUMBER D 33 0 1 9	29d. DATE SIGNED (Month, Day, Year) 3 29 90

NAME AND ADDRESS OF PERS	ON WHO COMPLETED CAUSE OF	DEATH (ITEM 27) (	Type, Print)			. /	
JEFFFEU	G-TAYLOR,	MD.	324 8	E. ANTIETAM	57.	MAGERSTOWN,	Md 740

32. REGISTRAR SIGNATUJE Jaydon Randalle

MEINTIUS

8. BIRTHPLACE (State or Foreign

1990

CLARENCE

5. SEX

4. SOCIAL SECURITY NUMBER

IF UNDER 1 YEAR IF UNDER 24 HRS.

HOURS

EDWARD BOWEN

6. AGE (In yrs. last birthday)

2. DATE OF DEATH

7. DATE OF BIRTH (Month, Day, Year

28

FOT AND 21203-3146

director,

completely

OR ATTENDING PHYSICIAN: The law

217-09-9988 MAR 29 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH WASHINGTON HAGERSTOWN C.O. DIRECTOR OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 1 YES 2 NO Maryland Washington Hagerstown FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 322 South Potomac Street 21740 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Y YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No. 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married If yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 TYES 2 X NO Specify В 3 Widowed 4 Divorced white WWII COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 18b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) Bartender Club 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Bessie Susan Purdham Bowen BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 21740 2 Dorothy M. Bowen South Potomac Street Maryland Hagerstown 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, State Ten C Smithsburg Crematorium Smithsburg. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY filled in by the funeral Davis Funeral Home 23. PAPT I. Enter the diseases, pr complications that caused the death. Dp not enter the mode of dying, such as cardiac pr respiratory arrest, Zenni 21783 Maruland medical **Approximate** shock, or heart failure. List only one cause on each line. Onset and Death IMMEDIATE CAUSE (Finel the diseese Dr condition DUE TO OR AS A CONSCOUENCE OF) resulting in death) has been signed by the attending physician and con Dept. of Health and Mental Hyglene prior to burial, traumatic moma CERTIFICATION Sequentially list conditions, if sny, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): . Enter UNDERLYING CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 0 PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY 24b, WERE AUTOPSY FINDINGS MEDICAL tostores 23 shows any COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 TES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) item THE HOSPITAL OR ATTENDING PHYSICIAN: The THE FUNERAL DIRECTOR; After this certificate hilled within 72 hours after death with the State I HOSPITAL: OTHER: 1 YES 2 NO nt 2 ER/Outpatient 3 DOA ne 5 - Residence 8 - Other (Specify) 0 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 284. DESCRIBE HOW INJURY OCCURED marked, 1 Natural 2 Accident 5 Pending 1 YES 2 NO BY 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Sulcide 28 Is 8 Could not be determined COMPLETED 4 Homicide Hem 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. TO THE FUNERAL D
be filed within 72 h
IMPORTANT; If It 2 MEDICAL EXAMINER: On the basis of examin tion and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) ► 3-28-90 14066 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) ROSENTHAL JOEL L ERSTOWN KENLY MAR 29 90 32. DEGISTRAR'S SIGNATURE
Julia Davidson-Randale DHMH-16 Rev 1/89 36:1 E S-10

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may referred to THE FUNEFAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, put he filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burkal, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEAD CERTIFICATE OF DEPARTMENT OF HEAD CERTIFICATE OF DEPARTMENT OF HEAD CERTIFICATE OF DEPARTMENT OF HEAD CERTIFICATE OF DEPARTMENT OF HEAD CERTIFICATE OF DEPARTMENT OF HEAD CERTIFICATE OF DEPARTMENT OF HEAD CERTIFICATE OF DEPARTMENT OF HEAD CERTIFICATE OF DEPARTMENT OF HEAD CERTIFICATE OF DEPARTMENT OF HEAD CERTIFICATE OF DEPARTMENT OF HEAD CERTIFICATE OF DEPARTMENT OF HEAD CERTIFICATE OF DEPARTMENT OF HEAD CERTIFICATE OF DEPARTMENT OF DEPARTME	NE ATL	HYGIENE REG. NO.	
	1. PECEDENT'S NAME GIVE, Middle, Leas) BASIL	2. DATE OF MONTH	DEATH 5 9	3. TIME OF DEATH 00/5 A, M
	212-05-1375 1 - M 2 XF 77 YRS. MONTHS DAYS H		Day, Year) 19/2 /	IRTHPLACE (State or Foreign
TOR		POLIS	ANN	E ARUNDEL
DIRECTOR				10d. INSIDE CITY UMITS? 1 XYYES 2 NO
FUNERAL	100. STREET AND NUMBER 205A FARRAGUT CT. 2	1403	10g. CITIZEN	S A
ВХ	3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2	NDENT OF HISPANIC ORIGIN? (Ity Cuben, Mexican, Puerto Ric	ean, etc.)	RACE — American Indian, Black, White, etc. Specify: HITE
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5+)  C2  16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of life. Do NOT use retired.)  Secretory	of working	S. Cours	nment
COM	17. FATHER'S NAME (First, Middle, Lest)	B. MOTHER'S NAME (First, Mid	idle, Maiden Syrname)	ESCULIAN SERVICE NO.
	ARTHUR FENTON  196. INFORMANT'S NAME (Type/Print)  196. MAILING ADDRESS (Street and	DERINA H	City or Town, State, Zig Goo	
1	GRAFTON BOONS III 1608 MggT1  28a METHOD OF DISPOSITION 1.8 Burfel 2 Cremetion 3 Removal from State	WG-H0USS vry, cremetory or	LA 20c. LOCATION — City	
	4 Donetion 5 Other (Specify)	m,	AUNAPOL	is MD.
		ADDRESS OF FACHTY NE	2 4	MD 21401
	23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode abook, or heart failure. List only one cause in each line.	of dying, such as cardle	oc or respiratory errest,	Approximete interval Between
	immediate cause (Fine) disease or condition resulting in death)	mouia	with	Onset and Death
NO	Sequentially list conditions, Due To (OR AS A COMPREDIENCE OF):	rebive lu	g dis case	years
CATIC	if eny, leeding to immediate couse. Enter UNDERLYING CAUSE (Disease or injury			life
CERTIFICATION	that initiated events resulting in death) LAST			0
AL	PART II. Other significent conditions contributing to death but not resulting in the underlying	cause given in Part i.	24s. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO
PHYSICIAN: MEDIC	To large Cancer of Coayer.	(Os) due	1 🗌 YES 2 🗍 NO	OF DEATH?  1 YES 2 NO
AN: N				
/SICI/	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 PNO  26. PLAI  HOSPITAL: 1 Tripstlent 2 ER/Outpatient 3 DOA 4 Nursing Home	5 Residence 6 Other		
ВУ РНУ		RY AT 28d. DESC K? ES 2 NO	RIBE HOW INJURY OCCURE	ED
		28f. LOCAT City or	TION (Street and Number or R Town, State)	tural Route Number,
COMPLETED	29s CENTIFIER 1 DESTRIPTION PRIVACIAN: To the best of my knowledge, death occurred at the time, date as one of the passe of examination and/or investigation, in my opinion, death occurred at the time, date as one of the passe of examination and/or investigation, in my opinion, death occurred at the time, date as one of the passe of examination and/or investigation, in my opinion, death occurred at the time, date as one of the pass			use(s) and manner as stated.
TO BE	Veleir Verkouwus	29c. LICENSE NUMBER 0 11653	29d. DATE SIG	SNED (Month, Dey, Year) - 5 9 0
	PETER F. VERKOUW 1833 Fores	1 Dr. ANN	APOCIO MI	d 21401
	31. DATE FILED (Month, Day, Year)  APR 6 1990 Julia Davidson-Randalle			
	· 1:			DHMH-16 Rev 1/89

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Sic Hood or	ept. of I	23 sh
Cate has been on	State Dept. of I	Item 23 sh
of the date had been on	the State Dept. of I	or Item 23 sh
THE COLUMNIC THE DOOL OF	with the State Dept. of I	rked, or Item 23 sh
ALCO LING COLUMNICATE MAD DOOR ON	death with the State Dept. of I	s marked, or Item 23 sh
IOIL AIRD UND COLUMNICATE NEW DOOR OF	after death with the State Dept. of I	28 Is marked, or Item 23 sh
CHILCHOTT, AIRST LINE COLUMNICATE THE DESTITION	hours after death with the State Dept. of I	Item 28 Is marked, or Item 23 shi
THE DIRECTION. AND LINE COLUMNS AND DOOR OF	72 hours after death with the State Dept. of I	If Item 28 is marked, or Item 23 sh
TOTAL DIRECTOR: AND CONTINUOUS AND DOOR	within 72 hours after death with the State Dept. of I	TANT: If Item 28 Is marked, or Item 23 sh
IN THE POINT DIRECTOR AND CONTINUES AND AND AND AND AND AND AND AND AND AND	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be

STATE OF MAI	RYLAND / DE	PARTMENT OF	HEALTH A	ND MENTAL	HYGIENE
	CERT	<b>FIFICATE O</b>	F DEATH	1	REG. NO.

	FOR STATE REGISTRAR	STATE OF MARYLA		MENT OF H			YGIENE EG. NO.		
,	1. DECEDENT'S NAME (First, Middle, Lest) Jani	ce Agnes	Breer	)		2. DATE OF D	DAY	YEAR	3. TIME OF DEATH
			n yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	4-10-		a pier	5:53PM M THPLACE (State or Foreign
	212-70-3055	1 □ M 2XCXF 3		MONTHS DAYS	HOURS MIN.	10-02	-55	Bal	timore,MD
_	9a. FACILITY NAME (If not institution, give stre				R LOCATION OF DE	ATH		COUNTY OF	
DIRECTOR	1228 Bacon Ridge	Road		Crow	nsville		Aı	nne Ai	rundel Co.
EC	10e. STATE 10b. COUNTY		10c. CITY	TOWN OR LOCAL	ION	······································			10d. INSIDE CITY
9	MD Anne	Arundel	Crow	nsvill	e				1 YES MO
MAL	10e. STREET AND NUMBER	3 5 5		101	ZIP CODE		10g.		WHAT COUNTRY?
FUNERAL	1228 Bacon Ri				21032			USA	
BY FU	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	25 NO	If yes, sp	ENDENT OF HISPAN scify Cuben, Mexice 2 NO Specify	n, Puerto Rican		Bla	CE — American Indien, ck, White, atc.
	15. DECEDENT'S EDUCA	77001	44 DECEMENTO			1 40. 150.0		1	White
COMPLETED	(Specify only highest grade of	ompleted)	(Give kind of we life. Do NOT use	ork done during mo retired.)	st of working	180. KINI	D OF BUSINES	S/INDUSTRY	
PLE	Elementery/Secondery (0-12)	College (1-4 or 5+)	House	wife		Но	useho	old	
OM	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle	, Maiden Surne	me)	
BE C	Albert J. Polya	ansky Sr.			Angelir	ne Her	vol		
2	190. INFORMANT'S NAME (Type/Print) Paul T. B reen				nd Number or Rural I				1072
-									lle, MD
	20e. METHOD OF DISPOSITION 1   Buriel 2 □ Cremetion 3 □ Remove 4 □ Donation 5 □ Other (Special)	ral from Stale	PLACE OF DISPOS	of th	netery, crematory or e Field	is Con	20c. LOCATIO	N - City or	ville, MD
	21. SIGNATURE OF EUNERAL SHITVICE LICE	HSEE /	// /	, 22. NAME AI	Sty Fun	CILITY _	1111	TCLS	VIIIE, MD
	· Date	and	1	Harde 851 A	sty Fur nnapoli	eral .s Roa	Home d, MD	P.A. Gai	mbrills, MI
	23. PART I. Enter the diseases, or co			ot anter tha mo	da of dying, auc	h as cardiac	or reapirator	y srrest,	Approximata Interval Between
	IMMEDIATE CAUSE (Final	·							Onset and Death
	disease or condition resulting in death)	Contact gu			nead				
		OUE TO (OR AS A	CONSEQUENCE OF	):					
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF	):					
CAT	cause. Enter UNDERLYING CAUSE (Disease or Injury								
F	that initiated events	DUE TO (OR AS A	CONSEQUENCE OF	):					
E	d.								
	PART II. Other significant conditions	contributing to death b	ut not resulting l	n the underlyin	g cause givan in	Part I. 24a	. WAS AN AUTO		4b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
MEDICAL						XX	YES 2 N		COMPLETION DF CAUSE OF DEATH?
ME						—   <sub>НЕ</sub>	EAD ONI	y	XXES 2 □ NO
Ä							210 0141		
PHYSICIAN:		HOSPITAL:		OTHER:	ACE OF OEATH (Ch				
HYS	27. MANNER OF CEATH	1 Inpatient 2 ER/Outp 28e. OATE OF INJURY	28b. TIM		URY AT		ecify) BE HOW INJUR	Y OCCURED	
	1 Natural 5 Pending	FOUND: 4-1	0-90 5:3	5PM 1 🗆	PRK? YES 2 XXVO	Self	inflic	cted	
D BY	2 Accident Investigation  2 Suicide 8 Could not be	28e. PLACE OF INJURY building, etc. (Spec		treel, factory, offic	A	-	N (Street and N		l Route Number,
	4 Homicide determined		Home			1228	Bacon		Road, Crowns
COMPLETED	anal	IAN: To the best of my knowl							el County,MD
8	A	. Of the best of exemplane	T GRAZOT INTEGRIGATION	n, in my opinion, i					
H	296. SIGNATURE AND TITLE OF CERTIFIER	DX-			29c. LICENSE NUI	WDER	290	4-11	ED (Month, Day, Year)
2	38. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type,	Print)	OCME			4-TT	-5U
	ANN M. DIXON, MD				et,Balti	more.M	D 2120	1	vc
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN.							
	1 ADD 1 0 1000 / 1.	K. W.							

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cetificate be executed within 25 yours after death. Page 6 may be retained by the hospital or atte	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use a	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burfal, cremation, or "emoval.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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STATE OF MARYLAND / DEPARTMENT	OF HEALTH AND	MENTAL HYGIENE
CERTIFICATE	OF DEATH	REG. NO.

1. DECEDENT'S NAME (First, Middle EDITH	1 11		TE OF DEATH	REG. NO.	
		GER		2. DATE OF DEATH MONTH APRIL 5, 1990	year 2:00 A.M. M
4. SOCIAL SECURITY NUMBER  105-22-4314  99. FACILITY NAME (If not institution	1 □ M 2 XXF 71	YRS. MON	INDER 1 YEAR OF UNDER 24 HRS. THIS DAYS HOURS MIN.  CITY, TOWN OR LOCATION OF DE	JUNE 14, 1918 S	OUTH CAROLINA  Y OF DEATH
	RIVE, LONGVIEW		MADDOX		MARY'S
1518 HILLTOP D RESIDENCE OF DECEDE 10a. STATE 10b. 0 NEW YORK	CITY	10c. CITY, TO NEW	WN OR LOCATION YORK		10d. INSIDE CITY LIMITS? 1 YES 2 NO
10e. STREET AND NUMBER		0.0	101. ZIP CODE		EN OF WHAT COUNTRY?
458 WEST 143  11. MARITAL STATUS  1  Never Married 2  Merrie  3  Widowed 4  Divorced	12. WAS DECEDENT EVER	N U.S. ARMED	10031  13. WAS DECENDENT OF HISPAN If yes, specify Cuben, Mexican 1  YES 2 NO Specify	n, Puerto Rican, etc.)	A.  RACE — American Indian, Black, White, etc.  Specify: BLACK
15. DECEDENT (Specify only higher Elementary/Secondary (0-12)	'S EDUCATION st grade completed) College (1-4 or 5+)	Iffe. Do NOT use ret	fone during most of working red.)	16b. KIND OF BUSINESS/INDU	
11	2	SEAMSTR		CLOTHING	
17. FATHER'S NAME (First, Middle, L CYE MASSEY			18. MOTHER'S NAI	ME (First, Middle, Malden Sumame) RIED	
19e. INFORMANT'S NAME (Type/Prin		19b. MAILING ADD		Route Number, City or Town, State, Zip (	Pode)
FLUELLEN SAYF-	UDDIN	P.O. BOX	293, CHAPTICO	, MARYLAND 206	21
20s. METHOD OF DISPOSITION 1X Spurial 2 Cremation 3 ( 4 Donation 5 Other (Specific	Removal from State	BALBER MEM	N (Name of comotery, cromatory or ORIAL CEMETERY	20c. LOCATION — COROCKHILL,	south Carolin
21. BIGHERMEGA FUNERAL PAR	Enuful &		BRINSFIELD F LEONARDTOWN,	UNERAL HOME, P.	A. 0
23. PART I. Enter the disease abook, or heart for the time that the time	allure. List only one cause on a	d the death. DD not death line.	menter the mode of dying, such	has cardiac or respiratory arre	at, Approximate interval Batween Onset and Depti
Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. OUE-TO COR AS.  C. DUE-TO COR AS.  d. C. A.	A CONSEQUENCE OFF:  A CONSEQUENCE OFF:  A CONSEQUENCE OFF:	malore coffre	Ectum	y2
	nditiona contributing to death	but not resulting in th	a undariying cause given in	Part I. 24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 SES 2 NO
25. WAS CASE REFERRED TO MED	HCAL		26. PLACE OF DEATH (On	eck only one)	
EXAMINER?	HOSPITAL:		HER: Nursing Home 5 - Residence	8 Other (Specify)	
27. MANNER OF DEATH  1 Natural 5 Pendir 2 Accident Investi		28b. TIME OF	M 1 YES 2 NO	28d. DESCRIBE HOW INJURY OCC	JREO
2 Culpide	hot be building, etc. (Spe	Y — At home, ferm, stree scify)	t, factory, offica	28f. LOCATION (Street and Number of City or Town, State)	or Rural Route Number,
(School Gray				to the cause(e) and manner as state time, date end place, and due to the	
296. SIGNATURE AND TITLE OF CO	ERTIFIER	EMI!	290. LICENSE NUM	11110	SIGNED (Month, Day, Year)
KA/I	SON WING COMPLETED CAUSE OF D	7	100		

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	at the death certificate be executed within Jurs after death. Page 6 may be retained by the hospital or attending physician.	by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2 and Mental Hyolene prior to burial, cremation, or removal.	The second secon
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REGISTRAR  1. OECEOENT'S NAME (First, Middle,				ICATE		DEA	П	2. DATE OF DEATH		YEAR	3. TIME OF DEATH
Leo	Dewe	•		BURK,				April 1,	1990		5:00 y
4. SOCIAL SECURITY NUMBER 220-16-2158	5. SEX 1 💢 M 2 🗌 F	6. AGE (In yrs. les	t birthday) YRS.	IF UNDER	DAYS	HOURS	24 HRS. MIN.	7. OATE OF BIRTH (Month, Day, Year) Mar. 13,1	925	Countr	PLACE (State or Fore)  ryland
Rt.3 Box#90						en Location			9c. COU	SHIN	
	OUNTY		10c. CIT	Y, TOWN	OR LOCAT	TION					10d. INSIDE CITY
	ashington		Wil	liam	spor	rt					1 YES 2 X NO
10e. STREET AND NUMBER	(1 1 1 - 1	74 /			101	ZIP COD			10g. CIT		VHAT COUNTRY?
Rt.3 Box#90		T EVER IN U.S. AR	MEO	113	WAS DEC	217		NIC ORIGIN? (Specify Ye	o or No	USA	
1 Never Married 2 X Merried 3 Widowed 4 Divorced	FORCES?	YES 2 X	NO		If yes, sp	ecity Cube	n, Mexica	n, Puerto Rican, etc.)	e or No—		E — Americen Indien, k, White, etc. hite
15. OECEOENT (Specify only highes		16a. DE	CEDENT'S live kind of Do NOT u	USUAL O	CCUPATIO	ON ast of working	ng	16b. KIND OF BU	ISINESS/IN	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5	+)	Driv					Brick	Manuf	factu	re
17. FATHER'S NAME (First, Middle, Le	ist)			-		18. MOT	HER'S NA	ME (First, Middle, Melde			
Leo	Dewey	Burk, Si	٠.				Mar	ry Cath	erine	э Н	aines
vallie V.Burk			_Rt.	3 Bo	x# 9	90 h	/illi	Aoute Number, City or To amsport, M		, ,	
26s. METHOD OF DISPOSITION 1 [X] Burlel 2	)	20b. PLACE other pl Greet	ace)						ocation — 11iam		t, MD 2179
21. SIGNATURE OF FUNERAL SERV	Ashin			22.				RAL HOMES 18 William	sport	,MD	21795
23. PART I. Lifter the disease mock, or heart for iMMEDIATE CAUSE (Final disease or condition resulting in death)	illure. List only one ca	at caused the de	M	yoc	OV	ode of dy	a /	The Ca	V C	tion	Approximate Interval Bet Onset and I
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	120	O (OR AS A CONSE	4	rel	lit	2004	Up.	vel der	love		15 year
PART II. Other significant con		o death but not	resulting	in the u	nderiyin	g cause	given in		PRMED?	246	D. WERE AUTOPSY FINI AMAILABLE PRIOR TO COMPLETION DF CA OF DEATH?
25. WAS CASE REFERRED TO MEDI EXAMINER? 1 □ YES 2 □ NO	HOSPITAL:	☐ ER/Outpatient 3		OTHE	R:	LACE OF E		neck only one)  8   Other (Specify)			1 TYES 2 N
27. MANNER OF OEATH  1 Natural 8 Pendin 2 Accident Investig	28e. DATE C (Month,		28b. TIR		28c. IN.	JURY AT ORK? YES 2 [		20d. DESCRIBE HOW	INJURY O	CCURED	
3 Suicide 8 Could daterm	not be building	OF INJURY At he g, etc. (Specify)	ome, ferm,	street, fac	tory, offic	DB .		281. LOCATION (Stree City or Town, State		er or Rural	Route Number,

			1 YES 2 NO	COMPLETION DF CAU OF DEATH?
S CASE REFERRED TO MEDICAL		26. PLACE OF DEATH (Check only	r one)	
AMINER?	HOSPITAL:	OTHER:		

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Dr.Robert Brull, M.D. 1459 Potomac Ave.Hagerstown,MD 21740

32 REGISTRAR'S SIGNATURE Fishia Davidson-Randall 31. DATE FILED (Month, Day, Year) '90

▶ April 3,1990

3. TIME OF DEATH

OF DEATH? 1 | YES 2 | NO

6. BIRTHPLACE (State or Foreign

Mary land

9:04 p.mm

212

A SOCIAL SECURITY NUMBER

01

1. DECEDENT'S NAME (First, Middle, Last)
LOUIS FRANCIS BENA

1575

9e. FACILITY NAME (If not institution, give street and number)

5. SEX

1 🔯 M 2 🗌 F

IF UNDER 1 YEAR

DAYS

IF UNDER 24 HRS.

9b. CITY, TOWN OR LOCATION OF DEATH

2. DATE OF DEATH

7. DATE OF BIRTH

31

gran

9c. COUNTY OF DEATH Calvert

O R		rial Hospital			Prince	Frederick	c, Md.	Ca	lvert	:
DIRECTOR	RESIDENCE OF DECEDENT 100. STATE 100. COU Maryland Ca	nty alvert		ю				IOd. INSIDE CITY LIMITS? I YES 2 1 NO		
FUNERAL	100. STREET AND NUMBER 890 Rt. 416				111	ZIP CODE 20657		10g. CITIZEN OF WHAT COUNTRY? USA		
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 X Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	2 NO	ED		ENDENT OF HISPANIC Of City Cuben, Mexican, Pu 2 NO Specify:		or No—	Black,	- American Indien, White, etc. White
PLETED	15. DECEDENT'S E (Specify only highest gr.  Elementary/Secondary (0-12)		(Give	EDENT'S USUAL OCCUPATION to kind of work done during most of working Do NOT use retired.) TC			Securit	USTRY		
E COMPL	17. FATHER'S NAME (First, Middle, Last) Eugenen Albert	Bena			18. MOTHER'S NAME (	First, Middle, Malden arite L.		lte		
TO BE	199. INFORMANT'S NAME (Type/Print)  Linda Bowen  199. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code)  same as #10									
	20e. METHOD OF DISPOSITION  1 🔀 Buriel 2 Cremation 3 R  4 Donation 5 Other (Specify)	1] Buriel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)						cation — o		
a value of the control of the contro	21. SIGNATURE OF FUNERAL SERVICE				or address of facility of sources and sources are in the sources are i	Rausch			Home olic Maryla	
מפוווי, חוב וופחבם	23. PART I. Enter the diseases, ishock, pr heart failured immediate CAUSE (Finel disease or condition resulting in death)	a. Cuud	each line.	ar	Ter the mo	de of dying, such ed	cardlec or reepl	ratory arr	est,	Approximate Interval Between Onset and Death
ERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERIVING CAUSE (Disease or Injury that initiated events reculting in deeth) LAST									
DICAL CI	PART II. Other significant condition	tions contributing to death	but not res	ulting in th	te underlyln	g cause given in Par	t I. 24a. WAS AN PERFOR	RMED?	24b,	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

6. AGE (In yrs. last birthday)

72

DIVISION OF VITAL RECORDS, P.O. BOX 13146, THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be earthe FUNERAL DIRECTOR: After this certificate has been signed by the attending physician filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to FUNERAL DIRECTOR: After this certificate has been signed twithin 72 hours after death with the State Dept. of Health a VIANT: If Item 28 is marked, or Item 23 shows any IMPORTANT: If Item 28 is

2 2 3

PHYSICIAN:

ВҮ

COMPLETED

BE

9

25. WAS CASE REFERRED TO MEDICAL

5 Pending Investigation

6 Could not be datermined

1 | YES 2 | NO

27. MANNER OF DEATH

1 Natural

2 Accident

3 Suicide

4 Homicide

after death. Page 6 may be retained by the hospital or attending physician.

BALTIMORE, MARYLAND 21203-3146

OTHER:
4 \subseteq Nursing Home 5 \subseteq Residence 6 \subseteq Other (Specify) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 YES 2 NO 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(e) and manner ee stated.

28b. TIME OF

2 MEDICAL EXAMINER: On the on and/or investigation, in my opinion, death occured at the time, date and place, end due to the ceuse(e) and manner se stated

26. PLACE OF DEATH (Check only one)

29b. SIGNATURE AND TITLE OF CERTIFICA 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (TTEM 27) (Type, Print)

HOSPITAL:

28a. DATE OF INJURY (Morth, Day, Year)

Emad Al-Banna, M. D. Prince Frederick, Maryland 20678

itient 2 - ER/Outpetient 3 - DOA

APR 0 2 1990 32. REGISTRAB'S SIGNATURE CONTROL Pandell

DIVISION OF VITAL RECORDS, P.O. BOX 13146, and ATENDING PHYSICIAN: The law requires that the death certificate be executed with a strong death. Page 6 may be retained by the host TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fined in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	urs after death. Page 6 may be retained by the hosp de In by the funeral director, page 5 should be detached or removal.	
DIVISION OF VITAL RECORDS, P.O. BOX 13146, PITAL OR ATTENDING PHYSICIAN: The law requires that the death cartificate be executed with TRAL OR ATTENDING PHYSICIAN: The law requires that the death cartificate has been signed by the attending physician and complete in 72 hours after death with the State Dept. of Health and Memtal Hygiene prior to burial, creming the marked, or item 23 shows any Injury, or other traumattic event,	ation.	
E FUNI M withi	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with the pospital of a state of the second of the transfer of the state of the	MININE II HOLD TO BE INCLUDED IN THE STREET OF THE STREET

	FOR 1 - STATE REGISTRAR	STATE OF N					EALTH AND DEATH	MENTA	L HYGIEN	_				
	1. DECEDENT'S NAME (First, Middle, Last)  Fred Be	ell	7.					2. DATE MONT	- / -		YEAR 90	3. TIME OF DEATH	1 M	
	4. SOCIAL SECURITY NUMBER 220-01-9831	5. SEX 6. AGE (In yrs. last bird			IF UNDER	1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	( <b>6</b> )2 <u>0</u> 1	OF BIRTH h, Day, Year) 9-14-0	8. BIRTH Countr		HPLACE (State or Foreigny) DEL.	jn	
OR	Wesleyian Cn,	eet and number)			_	en to	PR LOCATION OF	DEATH			olin			
DIRECTOR	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNTY  MD Care	oline	line Denton									10d. INSIDE CITY LIMITS? 1 YES 2 NO		
FUNERAL	100. STREET AND NUMBER 280 Camp Rd						. ZIP CODE 1629			10g. CIT		WHAT COUNTRY?		
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W		RMED	- 1	if yes, sp	ENDENT OF HISP scily Cuban, Mexi 247 NO Spe	can, Puerto		n or No-	14. RAC Blac Spe	E - American Indian, ok, White, etc.		
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondery (0-12)		(G life	ECEDENT'S Sive kind of b. Do NOT us CCO'	work done ( se retired.)	during mo	at of working	161	Playt			national		
BE COM	17. FATHER'S NAME (First, Middle, Last) UNKNOWN					16. MOTHER'S NAME (First, Middle, Melden Surname) unknown								
TO B	19b. INFORMANT'S NAME (Type/Print)  Charles Bell  19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  PO Bx 45 Henderson, MD 21640  20b. PLACE OF DISPOSITION (Name of cometon, crematory or 20c. LOCATION — City or Town, State													
	20s_METHOD OF DISPOSITION 1	val from State	20b. PLACE other p				Mt	Oliv	e ¢m	Fle	ton,	Del.		
	21. SIONATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY Greensboro, MD 21639  Fleegle-Helfenbein Fn Hm-PO Bx 160													
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)												ween Death	
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  CAMAC CALC CASC CASC CASC CASC CASC CASC CA													
PHYSICIAN: MEDICAL C	PART II. Other algorificant conditions	stage c				ndarlyin	g cause given	in Part I.	24a. WAS APPERFO	RMED?	24	b. WERE AUTOPSY FIND AMILABLE PRIOR TO COMPLETION OF CAL OF DEATH?	JSE	
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			отне	_	LACE OF DEATH	Check only o	ne)					
	1 YES 2 NOTE OF DEATH 1 Natural 5 Pending		26b. TIME OF 28c. INJURY AT WORK?				6 G Other (Specify)  28d, DESCRIBE HOW INJURY OCCURED							
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE O building,	F INJURY — At hetc. (Specify)	ome, farm,	atreet, fac	T TES 2 NO					er or Rure	Route Number,		
COMPLETED	29e. CERTIFIER (Check only one)  1 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) end menner as stated.  2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(s) end menner as stated.													
TO BE C	296. DIGNATURE AND VILE OF CHATTEREN  296. LICENSE NUMBER  296. DATE SIGNED (Month, Day, Year)  3/20/90													

POBOX 122

Goldsboro, Md. 21636

DHMH-16 Rev 1/89

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Semigraph Company

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BALTIMORE, MARYLA

g physician.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death, Page 6 may be retained by INFET TO THE FUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be fleed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be netified at ence.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	DOR	OTHY	CLARK					MONTE 0 4	-03-5	őo	YEAR 3	A:30 p m	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. la	st birthday)	IF UNDE		IF UNDER 24 HRS.		OF BIRTN , Day, Year)	6. BIRTNPLACE (State or Foreign			
	241-32-1661	1 □ M 2₹□XĴF	67	YRS.	MONTHS	DAYS	HOURS MIN.	11	22	Carolina			
	9a. FACILITY NAME (If not institution, give a	,			9b. CIT	*	R LOCATION OF DE	N OF DEATH 90			Y OF DEA		
PO	5403 Livingst	on Terra	ace			(	Oxon Hi	11		Prin	ce (	George's	
EG	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNT	Y		10c. CIT	Y, TOWN	OR LOCAT	ION				10	Dd. INSIDE CITY	
L DIRECTOR	Maryland P	r. Geo.			Oxo	n Hi	ZIP CODE				Q	LIMITS? XXYES 2 NO	
FUNERAL	5403 Livingsto	n Terra	ce			101	20745	5	_ v ,	10g. CITIZE	USA	AT COUNTRY?	
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2 🔀	NO If yes, specify (			cify Cuban, Maxica	ENDENT OF NISPANIC ORIGIN? (Specify Yes reify Cuben, Maxican, Puerto Rican, etc.)  Specify:				- American Indian, White, etc. Black	
G	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. Di	CEDENT'S	USUAL O	CCUPATIO	ON et of working	16b.	KIND OF BUS	SINESS/INDU	STRY		
COMPLETED	Elementary/Secondary (0-12) 12th	) life	Cust	· .		at of working							
Ö	17. FATNER'S NAME (First, Middle, Last)						16. MOTHER'S NA	ME (First, A	fiddle, Maiden	Surname)			
BE (	Lester Hol					Eli	za S	puril	.1				
TO E	19a. INFORMANT'S NAME (Type/Print)						nd Number or Rural i						
-	Minnie Reid (S.	ister)					y Stree	et,					
	20a. METHOD OF DISPOSITION 1  Burial 2 Cremetion 3  Ram	other n	ACE OF DISPOSITION (Nama of cometery, cremato							N — City or Town, State			
	4 Donation 6 Other (Specify)	AA	Cofi	eld			1 Home						
	21. SIGNATURE OF FUNERAL SERVICE LICENSE.  22. NAME AND ADDRESS OF FACILITY  Snowden Funeral HOme, P.A.  Rockville, MD 20850												
	23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cerdiec or reapiratory arrest, shock, or beart failure. List only one cause on each line.  Approximate interval Between												
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  CAUCHO PULMATHUR ASSAURANCE OF:  DUE TO (OR AS A CONSEQUENCE OF):  B. DUE TO (OR AS A CONSEQUENCE OF):  OUE TO (OR AS A CONSEQUENCE OF):												
MEDICAL	arterie Solvatie Caroce Magrela Desense 1 yes 2 NO OF DE										VERE AUTOPSY FINDINGS VANLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  YES 2 NO		
AN	25. WAS CASE REFERRED TO MEDICAL					26 PI	ACE OF DEATH (Ch	eck only or					
SIC	EXAMINER?	HOSPITAL:	FB/Outputlent	3 [] DOA	OTHE	R:	e 5 Realdence						
PHYSICIAN:	27. MANNER OF DEATN  1 Notural 6 Pending	26a. DATE OF (Month, D	INJURY	28b. TIN		28c. INJ WC	URY AT		SCRIBE NOW I	NJURY OCCL	PRED		
ED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Nomicide detarmined	28e. PLACE O building,	F INJURY — At h	ome, farm,	street, fac	1 🗍		26f. LOC City	ATION (Street or Town, State)	and Number o	r Rural Rou	ite Number,	
COMPLETED	29a. CERTIFIER (Check only one)  1 CERTIFYING PNYS 2 MEDICAL EXAMINI											and manner as stated.	
	296. SIGNATURE AND TITLE OF CERTIFIE	R					29c, LICENSE NU	MBER		29d. OATE	SIGNEO (A	fonth, Day, Year)	
) BE	Lines White	KID					Dn16:	2		14/	4/9	D	
5	SO. NAME AND ADDRESS OF PERSON WA		_	EA127		No	uper		boro M	p 21	77 2		
	31. DATE FILED (Month, Day, Year)  APR 05 '90	32. REGISTRA	A'S SIGNATURE			7							
	MI II - 3 00	0 000	- www.lukucay	-Marily	S. E. K.							DHMH-18 Rev 1/8	

BALTIMORE, MARYLAND

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-nours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	H	H	file	100
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	<b>MENTAL</b>	HYGIENE
CERTIFICATE OF DEATH		REG. NO.

	FOR STATE REGISTRAR	STATE OF M		/ DEPAR					MENTA	REG. NO.			
	1. OECEDENT'S NAME (First, Middle, Last) ELIZABETH	К.		CLEAV	ELAN	D			2. DAT MON Api	e of DEATH	1	97970	3. TIME OF DEATH  2 P M
	4. SOCIAL SECURITY NUMBER 518-36-6453	5. SEX 1 M 2 X F	6. AGE (In yrs. 55	last birthday) YRS.	AF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATI Dec	e of BIRTH	34	8. BIRTH Couply	PLACE (State or Foreign
R	90. FACILITY NAME (If not institution, give st 13406 Hathaway Dr						R LOCATIO					NTY OF O	eath omery
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY			100 CIT	Y, TOWN (	3B 1 0C43	non-						10d. INSIDE CITY
E I		omery		100. 011			Sprin	g,					LIMITS?
A I	10e. STREET AND NUMBER	,01102					. ZIP COOE			I	10g. CIT	IZEN OF W	YHAT COUNTRY?
IER.	13406 Hathaway D	rive					2	2090	6		US	A	
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Divorced	1 Never Married 2 Married FORCES? 1 YES 2 X						n, Maxica	n, Puarto	ilN? (Specify Yes o Rican, etc.)	or No—	14. RACE Black Speck	:— American Indian, t, White, atc. fy: White
ED	15. DECEDENT'S EDUC (Specify only highest grade		18e.	DECEDENT'S	USUAL O	CCUPATIO	ON at of workin	a	16	Bb. KIND OF BUSI	INESS/INC	DUSTRY	
COMPLETED	(Specify only highest grade completed)    College (1-4 or 5+)   1-12   5 years   5 years   5 years   6 yea												
E COI	William L. Keller Glace 1. Actey												
TO BE	190. INFORMANT'S NAME (Type/Print) James Perry Cleaveland  190. MAILING ADDRESS (Street end Number or Fural Route Number, City or Town, State, Zip Code) 13406 Hathaway Drive, Silver Spring, Md. 20904												
	20b. PLACE OF DISPOSITION (Name of cometer), crematory or other place)  20c. LOCATION — City or Town, State of the place)  20c. LOCATION — City or Town, State												wn, Stata
	come	1/50	en	can									Md. 20904
	23. PART I. Enter the diseases, or enocy, or heart failure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. META	se on each i	17C	O		-				9		Approximata interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST												
8		d											
PHYSICIAN: MEDICAL	PART II. Other algorificant condition	na contributing to	death but no	ot resulting	in the u	nderlyin	g cause (	given in	Part i.	24a. WAS AN / PERFORI	MED?	24b	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL	I				26. P	LACE OF 0	EATH (C)	eck only	one)			
SIC	EXAMINER?	HOSPITAL:	ER/Outpatien	8 3 DOA	OTHE	R:				her (Specify)			
ву РНУ	27. MANNER OF DEATH  1 Natural 5 Pending Investigation	28a. DATE OF (Month, D	INJURY lay, Year)	28b. TII		28c. IN.	JURY AT ORK? YES 2			E\$CRIBE HOW IN	JURY OC	CCUREO	
											Route Number,		
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYS 2 MEDICAL EXAMINE	ICIAN: To the best of a											s) and manner ee stated.
TO BE C	29b, SIGNATURE AND TITLE OF CENTRE	auter	<u>ں</u>	M.D	,			BNSE HUI		6	29d. DA	TE SIGNED	(Month, Day, Year) RIA 90
_	NANCY A DAM  31. DATE FILED (Month, Day, Year)	SON A	D, V	MALT NE	ER	RE	ED	AM	C,	WASI	4/N	3701	DC 5001
	APR 09'90	Julia De	vidson-A	ander									OHMH-18 Rev 1/89

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MARYLAND 21203-3146

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DIVISION OF VITAL RECORDS, P.O. BOA 13148,	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	nipermb. After this partitional has been sinned by the attending physician and completely
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2	DING	After
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	FOR 1 - STATE REGISTRAR	STATE OF MARYLAN	ID / DEPARTM			MENTAL HYGIEN	E					
	1. DECEDENT'S NAME (First, Middle, Lest)	Baby Boy	Cla	3 Clar	у	2. DATE OF DEATH	5/98	3. TIME OF DEATH  (C) COPM				
	4. SOCIAL SECURITY NUMBER None	5. SEX 6. AGE (In )		UNDER 1 YEAR	HOURS MIN.	7. DATE OF BIRTH (Month) Day, Year)	70 0	NARYLAND				
TOR	90. FACILITY NAME (If not institution, give at HOLY CTOSS RESIDENCE OF DECEDENT	b Hasput	1	SUVE	LOCATION OF DE	ATH A	9c. COUNTY	of DEATH OTGOMEN				
DIRECTOR	100. STATE 10b. COUNTY MAYKING MC	entgomeny		OWN OR LOCATI	Sprin	9		10d. INSIDE CITY LIMITS? 1 XYES 2 NO				
FUNERAL	100. STREET/AND NUMBER	e Rol		10f.	ZIP CODE	)	10g. CITIZEN	OF WHAT COUNTRY?				
BY FUR	11. MARITAL STATUS  1 Never Merried 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DATE	2 NO	If yes, spe		NC ORIGIN? (Specify Yan, Puarto Rican, atc.)	Alloway .	RACE — American Indian, Black, Whita, atc. Specify Black				
LETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed)  College (1-4 or 5 +)	8a. DECEDENT'S USI (Give kind of work life. Do NOT use ra None	done during mos	N t of working	None	SINESS/INDUST	RY				
COMPL	0 17. FATHER'S NAME (First, Middle, Last) Unknown		None		18. MOTHER'S NA	ME (First, Middle, Maiden	Sumame)	Surn				
TO BE	190. INFORMANT'S NAME (Typo/Print)  Cassandra Sebur		108 Sc	chuyler	P1., Si	Route Number, City or Tov	ng, MD	20901				
	20a. METHOD OF DISPOSITION  1XXBuriel 2 ☐ Cremation 3 ☐ Rem 4 ☐ Donation 5 ☐ Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICE	oval from State Ga	ther place) te of Hea	aven Ce		Si	lver Sp	or Town, State ring, MD				
	* Michael	LE hus	Lon	Jose	ph Gawle	er's Sons,		gton,D.C.20016				
	23. PART I. Enter the diseases, or complications that caused the death. Do not antar the mode of dying, such as cardiac or respiretory arrest, abook, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  a. CARDIO PULMONARY ARREST  OUE TO (OR AS A CONSEQUENCE OF):											
CERTIFICATION	Sequentially list conditions, if any, laading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury											
ERTIF	that initiated events resulting in death) LAST	OUE TO (OR AS A C	ONSEQUENCE OF):									
MEDICAL O	PART II. Other aignificant condition	as contributing to death but	not resulting in	the underlying	cause given in		RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?				
AN: MI	25. WAS CASE REFERRED TO MEDICAL			20 04	ACE OF BEATH W			1 🗍 YES 2 🗍 NO				
PHYSICIAN:	EXAMINER?	HOSPITAL: 1. Sympatient 2 ☐ ER/Outpat		THER:	ACE OF DEATH (C)	8 Other (Specify)						
ВУ РНУ	27. MANNER OF DEATH  1 Neturel 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME C	Y WO	URY AT RK? /ES 2 NO	28d. DESCRIBE HOW	INJURY OCCUR	ED				
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY – building, etc. (Specif)	At home, farm, etre	ma, farm, street, factory, offica  281. LOCATION (Street and Number or Rural Route Number, City or Town, State)								
COMPLET	(Onton only	ICIAN: To the bast of my knowled						ause(a) and manner as stated.				
TO BE C	John J. Mc Corkey	M.D NEON	ATOLOGIS		29c. LICENSE NU		29d. DATE SI	GNED (Moghn, Day, Year)				
	Holy Cross H	HOSPITAL, Silv	er Sprin	g, MD <sup>Jc</sup>	hn J. Mo	cCloskey		•				
	31. DATE FILED (Month, Oey, Yeer) APR 06 90	32. BEGISTRAR'S SIGNAT	-Rando D2									

BALTIMORE, MARYLAND 21203-3146

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed writing 44 hours after death, rage to may be retained by the increase and the law requires that the law requires that the law requires that the law requires the law requires that the law requires the law requires that the law requires the law requires the law requirements that the law requirements the law requi			
State of	STATES OF THE PARTY AND ADDRESS OF THE PARTY A	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	2
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ATTEND	CTOR: /	s after o	28 ls
IAL OR	AL DIRE	72 hour	H Her
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31. DATE FILED (Month, Day, Year)

APR 10 '90

														9	U	11360
	FOR STATE REGISTRAR		STATE OF N	MARYLAND	) / DEPAR	TMENT	OF H	EALTH DEAT	AND I	MEN		YGIEN				
,	1. DECEDENT'S NAME (First,	Middle, Last)			100						ATE OF I	OEATH	AV	YEAR	3. TIM	E OF DEATH
	i	Ann	S. Call	lanan						4	61	104 m				
	4. SOCIAL SECURITY NUME	ER	5. SEX	. last birthday)				24 HRS.	7. DA	TE OF	BIRTH IV. Year)		8. BIRT	HPLACE	(State or Foreign	
	405-38-0652		1 🗆 M 2 🕡 F	YRS.	MONTHS	DAYS	HOURS	WIII.			1 20, 1931		Ker	ntuc	ky	
	9a. FACILITY NAME (If not in			reet and number)			, TOWN C	R LOCATIO	ON OF O	EATH			9c. COU	NTY OF	OEATH	
5	Suburban H		al				Beth	esda					Mo	ntg	omer	У
DIRECTOR	RESIDENCE OF DEC	10b. COUNT	TY		10c. CIT	Y, TOWH (	R LOCAT	ION								NSIDE CITY
<b>E</b>	Maryland	Mont	gomery			Ro	ckvi	11e								IMITS?
	10e. STREET AND NUMBER						101	. ZIP CODI					10g. CIT	IZEN OF	WHAT C	OUNTRY?
E	11405 Dorc	hester	Lane						2	2085	52			Į	U.S.	Α.
FUNERAL	11. MARITAL STATUS		12. WAS DECEDEN FORCES? 1			13.	WAS DEC	ENDENT C	F HISPAI	NIC OR	IGIN? (S	pecify Ye	o or No-	14. RAC	CE — Am	erican Indian,
BWF	1 Never Married 2  Never Married 2  Never Married 2  Divo		IF YES, GIVE W		VMO		1 YES	XX NO	Specif	y:	NO PRICE	n, mc.j		1.5.4	offy:	0.000
-				110						_					W	hite
驟	(Specify onl	PEDENT'S EDI y highest grad	le completed)		(Give kind of life. Do NOT u	work done	during mo	st of working	g	-	160. KIN	ND OF BU	SINESS/IN	DUSTRY		
變	(Specify only highest grade completed)  Elementary/Secondary (0-12) College (1-4 or 5+)  4 (Ghe kind of work done during most of working life. Do NOT use retired.) Senior  Administrative Specialist I.B.M.															
COMPLETED	DIII Scott Evelyn Hi  190. MAN ING ADDRESS (Street and Number of Burnt Boute Number City of Town State Zin Code)															
														ite		
BE																
유	Severn M.	Tingle	e, III		1215	Edmo	nsto	n Dr	ive,	Ro	ockv	7ille	e, Ma	ryla	and	20851
	20a. METHOD OF DISPOSIT	ION 2 Per	named datase State	20b. PLA	ACE OF OISPO	SITION (N	ime of cer	netery, cren	natory or			20c. LC	CATION -	City or 1	Town, Str	ite
	4 Donation 5 Other		HOVEL HOM STATE	Gate	e of H	eave	n Ce	mete	ry			Si	lver	Spri	ing,	Maryland
	21. SIGNATURE OF FUNERA	L SERVICE L	ICENSEE			R	ober	T ADDRE	SS OF FA	n h	rev	Fune	eral	Home	9	_
	1 de bour	25	6.80		M00522	B	ethe	sda-	Chev	y (	Chas	e,	Inc.,	755	57 W	isconsin
	23. PART I. Enter the															Approximate
	IMMEDIATE CAUSE (Fi		List only one cau	ise on each	line.											Interval Between Onset and Daath
	disease or condition resulting in death)	$\rightarrow$	BY	CIEN	ST	C	M	CE	R							8 years
1 1			DUE TO	(OR AS A CON	NSEQUENCE O	F):										
2	Sequentially ilst condit	ions.	b	(OD 10 1 00)												
CERTIFICATION	if any, leading to imme	diata	00E 10	(OR AS A CON	NSEQUENCE O	<del></del>										
[윤]	CAUSE (Disease or Injuthat Initiated events		c. DUE TO	(OR AS A COR	NSEQUENCE O	F):									<del>- i</del> -	
토	resulting in death) LAS	т	4													
빙			d													
N/	PART II. Other signification	ant conditio	ona contributing to	death but n	ot reaulting	in the u	nderlyin	g cause	given in	Part i	i. 24		RMED?	24	AVAIL	AUTOPSY FINDINGS ABLE PRIOR TO
MEDICAL	trype	care	enna								1	☐ YES	2 X X NO		OF DE	LETION OF CAUSE EATH?
	Whitple Sclerosis										YES 2 NO					
ä																
25. WAS CASE REFERRED TO MEDICAL   26. PLACE OF DEATH (Check only one)																
PHYS	27. MANNER OF OEATH		28a. DATE OF		26b. Til			URY AT	sidence	T			INJURY O	CCURED		
1   Matural   5   Pending Investigation   2   Accident   2   Accident   3   Suicide   6   Could not be   Suicide   6   Could not be   Suicide   6   Could not be   Suicide   6   Could not be   Suicide   Chy or Town, State   Chy or Town, St																
											umber,					
I W	4 Homicide	determined	uanding.	- ere (obscirit)							only or I	UMII, SIBIR	,			
COMPLET	29a. CERTIFIER 1 CER	TIFYING PHY	SICIAN: To the best of	my knowledge	e, death occur	red at the	time, date	end place	, end du	e to the	cause(	a) and me	enner aa st	ated.		
N	onel	NCAL EXAMIN	IER: On the basie of e	examination end	d/or investigati	on, in my	opinion, d	leath occu	red at the	e time,	date and	d place, a	and due to	the cause	e(e) and i	manner as stated.
ш	29b. SIGNATURE AND TITL	E OF CHITCH	EI	11					ENSE NU		_		29d. OA	TE SIGNE	EO (Monti	n, Day, Year)
0 8	Denie	1	Arsa	W				10	04	-7	60	9	<b>•</b>	4-	7-0	90
12	30. NAME AND ADDRESS O	E PERSON W	COMPLETED CALL	SE OF DEATH	(ITEM 27) /Tm	n Print)										

MI

SENBUM

32 REGISTRAR'S SIGNATURE
Julia Davidson-Rondoll

DHMH-15 Rev 1/89

10400 Connecticut Avenue Kensington, Maryland 20895

MORE, MARYLAND 21203-3146

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a character to THE FUNEAL DIRECTOR: Actual confiderate has been stood by the attending physician and completely be filed within 72 hours after death with the State Dept. of Heath and Mental Hyghene prior to burial, cremain the MPORTANT: If Item 28 is marked. or item 23 shows any injury, or other traumatic event,

	FOR 1 - STATE REGISTRAR	STATE OF	WARYLAND /				EALTH DEAT			HYGIEN	E		
	1, DECEDENT'S NAME (First, Middle, Last)			, ,			02/11		2. DATE OF	DEATH			3. TIME OF DEATH
	WILLIAM		LEE		COTT	MAN			монтн 3	2	4	90	10:45 P M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les		IF UNDE	R 1 YEAR	IF UNDER		7. DATE OF (Month, D	BIRTH			LACE (State or Foreign
	219 4 22 8687	1 💢 M 2 🗌 F	21	YRS.	MONTHS	DAYS	HOURS	MIN.		5 68			isbury MD
	9a. FACILITY NAME (If not institution, give a	street and number)		-	9b. CIT	Y, TOWN C	R LOCATIO	N OF DE					
8	Dulaney Street				1	Fr	uitla	and	Wicomico				co
DIRECTOR	RESIDENCE OF DECEDENT  10a, STATE  10b, COUNT			I	D/ TOWN!	OD 1 0043	CON						10d. INSIDE CITY
쁘					1000	OR LOCAT							LIMITS?
	Maryland Somer	set		Pr	nnce	SS	Anne ZIP CODE	Ma	rylai	nd	L 40 - OITS		1 ☐ YES 2 🔀 NO
FUNERAL	Rt. 3 Box 65					1	. 10						IN COUNTRY?
N N	11. MARITAL STATUS	12 WAS DECEDED	AT EVED IN II S AD	MED	1 12	_	1853	_	IIC OBIGINS (	Enacify Vac	US		- American Indian,
	1 Never Married 2 Married	FORCES?	CCEDENT EVER IN U.S. ARMED  13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— if yea, specify Cuban, Maxican, Puerto Rican, etc.)  GIVE WAR OR DATES  1. YES 2 NO Specify:							Black, Specify	White, etc.		
B	3 Widowed 4 Divorced	IF TES, GIVE	MAN ON DATES			I 📙 TES	2   NO	Specify	/:				lack
ETED	15. DECEDENT'S EDUCATION  (Specify only highest grade completed)  16a. DECEDENT'S USUAL OCCUPATION  (She kind of work done during most of working								16b. KI	ND OF BUS	SINESS/INC		
i ii	Elementary/Secondary (0-12) College (1-4 or 5 +) Iffe. Do NOT use retired.)												
교	12		Mov	er	and	Ha			F 3			20	auling Co
COMPL	17. FATHER'S NAME (First, Middle, Last)								ica i				as ing
BE at	William Lee Co	ttman s											
10	19a. INFORMANT'S NAME (Type/Print) Patrica Jones								Poute Number,				
e   _									ess A	7			
tsi	20a. METHOD OF DISPOSITION  1 Description   1 Description   2 Description   3	novel from State	20b. PLACE other pl	lace)						20c. LO	CATION —	City or Tow	n, Stats
Ē	4 Donation 5 Other (Specify)	Actions		V 6			TUPC			Ve	ento	n MD	
TO BE COM	21. SIGNATURE OF FUNERAL SERVICE LI				22	, NAME A	ND ADDRES	SS OF FA	CILITY				
4	Russell Fo	oks			F	ook:	s fu	ner	al Ho	me F	OB	1574	Sali Md
any Injury, or other traumatic event, incomp.	shock, or heart feilure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  a. Stab Wound of Chest Due To (OR AS A CONSEQUENCE OF):  b. Due To (OR AS A CONSEQUENCE OF):  c. Due To (OR AS A CONSEQUENCE OF):  Due To (OR AS A CONSEQUENCE OF):  Due To (OR AS A CONSEQUENCE OF):												interval Between Onset and Death
Y. e	Today in dading short	d											
shows :	PART ii. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i.  24a. WAS AN AUTOPSY PERFORMED?  1 📉 YES 2 🗆 NO  1 💢 YES 1 NO								WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 X YES 2 NO				
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?						LACE OF D	EATH (Ch	eck only one)				
Sich	1 X YES 2 NO	HOSPITAL:	☐ ER/Outpetient 3	B DOA	4 G N		ne 5 🗆 Re	sidenca	aX Other (	Specify)	in t	the s	treet
	27. MANNER OF DEATH	28a. DATE O	Day, Year)	28b. TI	ME OF	28c. IN.	JURY AT DRK?		26d. DESCI	RIBE HOW	INJURY OC	CURED	
marked, BY PF	1 Natural 5 Pending 2 Accident Investigation	3-2	3-90	Unk		1 🗆	_	ON Q	Sub	ect '	was s	stabb	ed
28 Is TED	3 Suicide a Could not be	28e. PLACE building	OF INJURY — At he p, etc. (Specify)		, street, fa reet		78		281. LOCAT City or Fruit	ION (Street Town, State)	Dula Wic	or Aural A ANEY COMIC	Street, O CO., MD
IMPORTANT: If Item 2 O BE COMPLET	29s. CERTIFIER (Check only one)  2 X MEDICAL EXAMIN	BICIAN: To the best							to the cause	(s) and me	nner as sta	ted.	
N S	295 SIGNATURE/AND TITLE OF CERTIFIE	1					29c. LIC	ENSE NUI	MBER		29d. DAT	E SIGNEO	(Month, Day, Year)
APOR BE	11000	/						OCM	E		•	3-24	
≥ 2	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CA	USE OF DEATH (ITE	EM 27) (Typ	oe, Print)			COLI				5 24	50
	Frank J. Perett					1 Pe	nn St	ree	t, Bal	timo	re. N	4D 2	1201 vl
2	31. DATE FILED (Month, Day, Year) MAR 3 0 90	32. REGISTY	LAN'S SIGNATURE	Randa	<u> </u>	_ 10			-, 11			<u>~ ~</u>	ZOUZ VI
$\subseteq$	70 00												

- 1	1. DECEDENT'S NAME (First, MI	Iddle, Lasi)	CHILDER	5						2. DATE OF DEATH	oay .	GO :	1610 P
	4. SOCIAL SECURITY NUMBER		5. SEX	n yrs. lest birtho				24 HRS.	7. DATE OF BIRTH	7	6. BIRTHPI	LACE (State or Foreig	
	554 16 29	52	1 M 2 F		71 YR	S. MONT	THS DAYS	HOURS	MIN.	(Mgnth, Dfy Your) / R Co			gia
	Da. FACILITY NAME (If not institu	ution, give s	treet and number)			9b.	CITY, TOWN	OR LOCATION	ON OF DE	ATH /	9c. COU	NTY OF DEA	
B B	LOCH RAVER	J	VAMC				BA	250,	N	D	Bal	lt. ci	ity
DIRECTOR	RESIDENCE OF DECEI												
<u> </u>	MA	b. COUNT			-10c.	CITY, 10	TAVKE	-	A.	ME		- 10	IOd. INSIDE CITY LIMITS?
	100. STREET AND NUMBER	Han	rford			/		00	61	ACC	140 000		I X YES 2   , N
FUNERAL	7/2	IM MA	FRCE &	_			10	r. ZIP CODI	21	27%			IAI COUNTRY?
뽕	11. MARITAL STATUS	,,,,,,	12. WAS DECEDE		II S ADMEO		13 WAS DE	CENOENT C	TE UIEDANI	C ORIGIN? (Specify Y		JSA 44 BACE	- American Indian.
	1 Never Married 2 Ma	rried	FORCES?	1 XYES	2 NO		If yes, s	ocify Cuba	n, Maxican	, Puarto Ricen, etc.)	VIII OF NO	Black,	White, etc.
B	3 X Widowed 4 Divorce	d	WW 11	WAK OH DA	11 23		T L YES	3 2 X NO			Specify.	White	
	15. DECEDI (Specify only hi	ENT'S EDU	CATION		16a, DECEDEN		AL OCCUPATI			16b. KIND OF B	USINESS/IN	DUSTRY	
	Elementary/Secondary (0-12		College (1-4 or 5	i+)	life. Do NO	OT use retir	ed.)	USE OF WORKE	''V				
M M	7th Grade				Mi	lita	r.v_			U.S.Ar	mv		
COMPL	17. FATHER'S NAME (First, Middle, Last)  18. MOTHER'S NAME (First, Middle, Maiden Surname)												
BE	19a INFORMANT'S NAME (Total-Print)												
2	19e. INFORMANT'S NAME (Type	/Print)			19b. MAII	LING AOD	RESS (Street	and Number	r or Rural R	oute Number, City or To	wn, State, Zi	p Code)	
	Mary Jo Lofl									n, Md. 21	921		
	20a. METHOD OF DISPOSITION 1 (X Buriel 2 ☐ Cremation	3 Rem	oval from State		PLACE OF DIS				natory or			City or Tow	
	4 Donation 5 Other (Sp	_		_   8	st. Mar	k's					rryvi	11e,	Md.
	21. SIGNATURE OF FUNERAL	100	Therse	~	1			. Pa	tters	son & Son d. 21903	Fune	ral H	ome
	23. PART I. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or reapiratory arrest, shock, or heart fellure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE to (OH AS A CONSIDERED F):  Approximate interval Betw Onset and Do												
ERTIFICATION	Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING												
5	Cause. Enter UNDERLYING CAUSE (Disease or injury that initiated graphs  DUE TO (OR AS A CONSEQUENCE OF)												1
Ē	that initiated events  DUE TO (OR AS A CONSEQUENCE OF):  resulting in death) LAST								1				
9											1		
MEDICAL	PART II. Other aignificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I.  Can consonatous Wennighti's  24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO  NO FI									WERE AUTOPSY FIN MAILABLE PRIOR TO COMPLETION OF CA OF DEATH?			
AN	25. WAS CASE REFERRED TO M	4EOICAI											
SICIAN:	EXAMINER?	vierth	HOSPITAL:	□ FB.00 .	elizat a C =		HER:			ck only one)			
PHYS	27. MANNER OF DEATH		1 28a. DATE C			TIME OF		JURY AT	esidenca	6 Other (Specify) 28d. DESCRIBE HOW	IN RIPLY OF	CHRED	
	1 Netural 8 Per			Day, Year)	200	INJURY	W	ORK?	□ NO	200. DESCRIBE HOW	INJUNT OC	CORED	
ED BY	3 Suicide 8 Co	estigation uid not be ermined	28e. PLACE building	OF INJURY g, etc. (Spec	— At home, fa	rm, street				281. LOCATION (Stree City or Town, State		or Rural Ro	oute Number,
COMPLET	one) -									to the cause(a) and m			
<b>=</b>	2 MEDIA	EXAMIN	ER: On the been or	examination	1 end/or investi	gation, in	my opinion,	death occu	red at the	time, data and place,	and due to t	the ceuse(a)	and manner as ste
8	29b. SIGNATURE AND THE OI			-				-			-		

Julia Savidson-Randoll

15 +1UA gratis

31. DATE FILEO (Month, Day, Year) 3: 4/7/50 APR 10 '90

DHMH-18 Rev 1/89

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within z-nours after death. Page 6 may be retained by the hospital or attending	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the harden and managened of the control of periods and the control of the control o	
or att	or use	
Spital	thed for	aš
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HAN:	rtificat	or ite
HYSIC	this ce	ked,
DING	After	s mar
ATTEN	CTOR	28
L OR	L DIRE	llem
SPITA	INERA	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
THE HI	THE FL	ORTA
2	2	IMP

31. DATE FILED (Month, Day, APR 1 0

190

32. REGISTRAR'S SIGNATURE
Julia Davidson-Randall

1. DECEDENT'S NAME (First, Middle, Last)		CE	RIIFI	CATE	OF D	EATH		REG. NO	).			
KAANDA	MMT		1	Ino	N		MONTH	DF DEATH	SAY,	YEAR	3. TIME OF DE	лн.
4. SOCIAL SECURITY NUMBER S	5. SEX 6. AC	GE (In yrs. les	t birthday)	IF UNDER 1	YEAR	F UNDER 24 HRS.	7. DATE (	OF BIRTH	8	A. BIRTH	IPLACE (State or	Foreign
221-16-9993	1 🔀 M 2 🗆 F	6	5 YRS.	MONTHS	DAYS HOURS MIN.			(Month, Day, Year)		Counti	Jersev	o. argin
Se. FACILITY NAME (If not institution, give street	et and number)		9b. CITY, TOWN			OR LOCATION OF DEATH			9c. COUNTY OF D		-	
Union Hospital of	Cecil Coun	ty		El	kton				Ce			
10a. STATE 10b. COUNTY			10c. CITY,	TOWN OF	LOCATION	N					10d. INSIDE CI	Y
Maryland	Cecil		F	lkto	n						LIMITS?	NO
10e. STREET AND NUMBER			-		10f, Z	IP CODE			10g. CI	TIZEN OF V	WHAT COUNTRY	
18 Saddler Avenue					2	1921			U.S	S.A.		
	2. WAS DECEDENT EVE FORCES? 1 1 Y					DENT OF HISP				14. BACE	E — American to	llan,
1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WAR OF					NO Spec		, Puerto Rican, etc.)			Specify: White	
15. DECEDENT'S EDUCAT (Specify only highest grade co.	TION	16a. DE	CEOENT'S L	SUAL OC	CUPATION		16b.	KIND OF BL	JSINESS/IN	NOUSTRY		
	College (1-4 or 5+)	Ille.	ve kind of we Do NOT use	retired.)		or worring						
10	N/A		Truck	Dri	ver		T	ransp	ortat	tion		
17. FATHER'S NAME (First, Middle, Last)					1	6. MOTHER'S N	AME (First, N	fiddle, Maidei	Surname)			
Durant Clark						Mary 1	Elizak	eth 1	Price	9		
19a. INFORMANT'S NAME (Type/Print)  Betty R. Clark		19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  18 Saddler Avenue, Elkton, Maryland 2192								021		
20a. METHOD OF DISPOSITION						ery, cremetory or		-		- City or To		
1 ★ Buriat 2 □ Cremation 3 □ Ramova	ni from State	other pie	3Ce)	-								
21. SIGNATURE OF THE FALL SERVICE ACEN		NOTUL	East			st Ceme		INOI	di E	ast,	Maryla	ICI
· later	1	<				Funera			th F	act	MD 219	11
23. PART I. Enter the diseases, or cor	mplications that cau	sed the de	eth. Do no								Approxi	
ahock, or heart failure. Lis IMMEDIATE CAUSE (Final	•			,	0	0 -	1				Interval Onset a	
disease or condition resulting in death)	Respte DUE TO GOR A	red	node	mer	ral 1	Horlie	the	inysr	p.			
				):								
Sequentially list conditions, b.	H/There											
if any, leading to immediate cause. Enter UNDERLYING	502 10 (011 4	IS A CONSEC	DOENCE OF	,								
CAUSE (Disease or Injury that initiated events	DUE TO (OR A	S A CONSEC	DUENCE OF	):							+	
resulting in death) LAST												
											1	
PART II. Other algnificant conditions	contributing to deat	h but not r	esuiting in	the und	derlying o	ause given i	n Part I.	24a. WAS A	N AUTOPSY	Y 24b	AWAILABLE PRIC	
Curer	ric Obstr	ualer	ie p	un	ronor	y VISED	ae	1 YES	2   NO		OF DEATH?	CAUSE
- Holero	esclowlie	+6	art	Disea	we		_				1 XYES 2	NO
25. WAS CASE REFERRED TO MEDICAL					28. PLAC	E OF OEATH (C	Sheck only on	0)				
	HOSPITAL:	Outpatient 3		OTHER:		5 - Residence	6 🗆 Other	(Specify)				
1 - YES 2 X NO 1	28e. DATE OF INJUI (Month, Dey, Yes		28b. TIME		28c. INJUR WORK	7	26d. DES	CRIBE HOW	INJURY O	CCUREO		
1 VES 2 X NO 1  27. MANNER OF DEATH  1 X Natural 5 Pending						3 2 NO	201 1 000	TION (Steered	and Mumb	as as Ormal	Davida Marahasi	
27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28e. PLACE OF INJI	8 Could not be 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28t. LOCATION (Street City or Town State)					treet and Number or Rural Route Number, State)					
27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28e. PLACE OF INJI building, etc. (5	URY — At ha Specify)	me, lann, si				Criy	or lown, Sten	9)			
27. MANNER OF DEATH  1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 8 Could not be determined	building, etc. (5	Specify)			ne data an	od place, and di				tetad		
27. MANNER OF DEATH  1 Natural 5 Pending Investigation 2 Accident S Could not be determined  29e. CERTIFIER (Check only 1)	AN: To the best of my ke	Specify) nowledge, de	ath occurre	d at the tin			ue to the cau	ee(a) and m	nner as st		a) and manner as	stated.
27. MANNER OF DEATH  1 Natural 5 Pending Investigation 2 Accident S Could not be determined  29e. CERTIFIER (Check only 1)	building, etc. (5	Specify) nowledge, de	ath occurre	d at the tin	olnion, deal		ue to the cau	ee(a) and m	anner as st	the cause(	a) and manner at	

TO BE COMPLETED BY FUNERAL DIRECTOR

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death contribcate be executed within combours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached an artificial or removal.	IMPORTANT: It liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE REGISTRAR		STATE OF M		D / DEPAR CERTIF			IEALTH AND	MENTA	L HYGIEN	_	20	11004
1, DECEDENT'S NAME (FIRST,  AAAA C 4  4, SOCIAL SECURITY NUMB	/	Nancy Nancy	C M.	1/	ocke E /	An	<b>b</b>	MON	OF DEATH	AY	YEAR 90	3. TIME OF DEATH
407-30-87		1 M 2 XF	89	YRS.	MONTHS	DAYS	IF UNDER 24 MRS. HOURS MIN.	Feb	th, Day, Year)	1901	Counti Ker	IPLACE (State or Foreign 17) 1tucky
9a. FACILITY NAME (if not int Union Hos			Count	v		town o	OR LOCATION OF D	HTA3			NTY OF D	EATH
RESIDENCE OF DEC					Y, TOWN C	OR LOCAT	TION			<u> </u>		10d. INSIDE CITY
Maryland	Ceci	1		С	hesa		e City					LIMITS? 1 X YES 2 NO
100. STREET AND NUMBER	ugustí	ne Road				101	21915				.S.A	WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 3 XWidowed 4 Divo		12. WAS OECEDEN FORCES? 1 IF YES, GIVE V	YES 2	XNO	If yes, specify Cuban, Mexican, Puerio Rican, etc.)  1 ☐ YES 2 ☑ NO Specify: Specify:						E — American Indian, k, White, etc.	
	EDENT'S EDUC highest grade		164	. DECEDENT'S (Give kind of	work done			16	b. KIND OF BU	SINESS/INC	DUSTRY	
Elementery/Secondery (0	-12)	College (1-4 or 5	+)	Homem	_							
17. FATHER'S NAME (First, Mi							18. MOTHER'S N			,		
Andy Wo.	lferd			19b. MAILING	ADDRESS	B (Street s	Pegg		Auhrid		Code)	
Flora P.							orth Man			cton,		21921
20e. METHOD OF DISPOSITI 1 N Burlet 2 ☐ Cremetio 4 ☐ Donetion 5 ☐ Other	n 3 🗆 Remo	1 9, 199 wal from State	oth	er place)			netery, crematory or odist Cer			erlev		, Maryland
21. SIGNATURE OF FUNERAL  23. PART I. Enter the di	ued	S. Hi	cks			Bow Elkt	and Storon, MD	cktor 219	Stree	ets		
ahock, or himmediate find disease or condition resulting in death)  Sequentially list condition from the firm of t	Jons, diate NG	a. Ma 3  DUE TO	OR AS A CO	line.	1/01 C (		brol He					Interval Between Onset and Death
PART II. Other algnifica		n contributing to	death but i	not resulting	in the ur	nderlyin	g cause given is	n Part I.	24a. WAS AI		248	). WERE AUTOPSY FINDINGS AMILABLE PRIOR TO
									1 TYES	2 NO		COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL	HOSPITAL:			OTHE		LACE OF DEATH (C	heck only	one)			
1 YES 2 NO		1 Inpatient 2 (		nt 3 🗆 DOA	4 🗆 Nur	rsing Hon	ne 5 🗆 Residence	7	er (Specify)	INJURY OC	CUBEO	
1 Natural 5	Pending Investigation		Day, Year)	IN	JURY	WC	YES 2 NO	200.0	LOGINAL HOW	INDON'I CC	OUNEO	
	Could not be determined	28e. PLACE ( building,	of INJURY — . etc. (Specify)	At home, farm,	street, fac	tory, offic	<b>:</b> 0		CATION (Street y or Town, State		r or Rural	Route Number,
anal .		CIAN: To the best of a										e) and manner es stated.
29b. SIGNATURE AND TITLE	OF CERTIFIEF						29c. LICENSE NO	IMBER		29d. DAT	E SIGNE	(Month, Day, Year)
30, NAME AND ADDRESS OF	O L	euphous	W , 72	OTEM OT C	(Print)		DOT	12	9	1	4/1	0/90
WA MACI	5	Ohe	25 h	tins	m	0	(0	cil	ton		no	1
APR 1 0	90	Sulia L	AR'S SIGNATU	Aandall .								

	1. DECEDENT'S NAME (First, Middle, Last)  Kathy Al	ana Carte				2. DATE OF OE MONTH April	2, 1990	SAR 1/20 P				
1		6. AGE (1 1 M 2 1 K F 2 9	in yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	On the state of th						
TOR-	90. FACILITY NAME (If not institution, give street union Hospital RESIDENCE OF DECEDENT			96. CITY, TOWN Elkt	OR LOCATION OF OR	EATH	9c. COUNTY OF DEATH  Cecil					
DIRECTOR	100. STATE 10b. COUNTY Maryland Cec			ty, town on Loca Lkton	ATION			10d. INSIDE CITY LIMITS? 1 YES 2 XNO				
FUNERAL	100. STREET AND NUMBER 175 Farrah Dri	ve		1	01. ZIP CODE 21921		U, S	OF WHAT COUNTRY?				
BY FUN	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Olvorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	13. WAS DE If yes, a 1 — YE		4. RACE — American Indian, Black, White, atc. Specify: White						
ETED	15. DECEDENT'S EDUCA (Specify only highest grade or Elementary/Secondary (0-12)	TION ompleted) College (1-4 or 5+)	(Give kind of fife. Do NOT		lost of working		OF BUSINESS/INDUS	TRY				
COMPL	12 17. FATHER'S NAME (First, Middle, Last)		A.C.C.	Clerk	18, MOTHER'S NA		spital Malden Surname)					
BE C	Claude W. Oliv	er				Vivia	n Letter	rman				
TO B	19a. INFORMANT'S NAME (Type/Print)		1 1 1 1 1 1 1				or Town, State, Zip Co					
-	Bob E. Carter			Farrah Drive, Elkton, Maryland. 219  DITION (Name of cemetery, cremetory or 20c. LOCATION — City or Town, State								
	21. SIGNATURE OF FUNERAL SERVICE LICE	Mclo	Calvai	22. NAME	AND AODRESS OF FA	CILITY		Sun. Maryl Main St.El				
CERTIFICATION	disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST		CONSEQUENCE	0F):	(ciNOMA							
MEDICAL C	PART II. Other significant conditions	contributing to death b	ut not resulting	in tha undariyi	in the underlying cause given in Part i.  24a. WAS AN AUTOPSY PERFORMED?  1 □ YES 2 □ NO  24b. WERE AUTOPSY AWAILABLE COMPLET OF DEATH  1 □ YES							
9.9						mark only one)						
A	25. WAS CASE REFERRED TO MEDICAL			26.	PLACE OF GEATH (C/	EATH (Check only one)						
SICIAN	EXAMINER?	HOSPITAL:	patient 3 DOA	OTHER:	PLACE OF GEATH (C/		illy)					
3Y PHYSICIAN:	EXAMINER?	HOSPITAL: 1 Impetient 2 ER/Outs 28a. DATE OF INJURY (Month, Day, Year)	28b. Ti	OTHER: 4 Nursing Ho ME OF UURY 28c. II		a Other (Spec	HOW INJURY OCCU	RED				
TED BY	EXAMINER?  1 YES 2 MO  27. MANNER OF GEATH  3 Netural 8 Pending	1 Inpatient 2 ☐ ER/Outs 28a. DATE OF INJURY	28b. Ti	OTHER: 4 Nursing Ho ME OF JURY M 1	ome 5 Residence NJURY AT YORK? YES 2 NO	8 Other (Spec	HOW INJURY OCCUR					
D BY	EXAMINER?  1 YES 2 NO  27. MANNER OF OEATH  3 Natural 8 Pending Investigation  3 Suicide 6 Could not be determined  29e. CERTIFIER CHECK Only One)  2 MEDICAL EXAMINER	28a. DATE OF INJURY (Month, Dey, Year)  28a. PLACE OF INJURY building, etc. (Spe	7 — At home, farm	OTHER: 4 Nursing Kt ME OF JURY M 1 , street, factory, off	wme 5 Residence NJURY AT NORK? VES 2 NO Ice te and place, end du death occured at the	a Other (Special Control of Spec	(Street and Number or n, State)  and manner as stated.  lace, and due to the o	Rural Route Number, . cause(s) end manner as state				
TED BY	EXAMINER?  1 YES 2 MO  27. MANNER OF OEATH  1 Natural 6 Pending Investigation  3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER  29b. SIGNATURE AND TITLE OF CERTIFIER  1 WO WILL	28e. PLACE OF INJURY (Month, Dey, Year)  28e. PLACE OF INJURY building, etc. (Special Control of the besie of examination)	28b. Ti	OTHER: 4 Nursing Ho ME OF KJURY M 28c. II , street, factory, off	wine 5 Residence NJURY AT ORK? VES 2 NO	a Other (Special Control of Spec	(Street and Number or n, State)  and manner as stated.  lace, and due to the o	Rural Route Number,				
BE COMPLETED BY	EXAMINER?  1 YES 2 NO  27. MANNER OF OEATH  3 Natural 8 Pending Investigation  3 Suicide 6 Could not be determined  29e. CERTIFIER CHECK Only One)  2 MEDICAL EXAMINER	28e. PLACE OF INJURY (Month, Dey, Year)  28e. PLACE OF INJURY building, etc. (Special Control of the besie of examination)	28b. Till  7 — At home, farm  riedge, death occus n end/or investigat  AXH (ITEM 27) (1/4)	OTHER: 4   Nursing Ho We OF 4   Nursing Ho Use I  Survey  A   Surv	NOTES OF RESIDENCE NUMBER OF RESIDENCE VES 2 NO VES 2 NO VES 2 NO VES 4 NO VES 4 NO VES 2 NO	a Other (Special Control of Spec	(Street and Number or n, State)  and manner as stated.  lace, and due to the o	Rural Route Number,  cause(e) end manner as state  SIGNEO (Month, Day, Year)  — A — 90				

FUNERAL DIRECTOR

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Sequentielly liet conditione,

if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Diseese or Injury

25. WAS CASE REFERRED TO MEDICAL EXAMINER?

5 Pending Investige

6 Could not be

determined

1 TYES 2 NO

27. MANNER OF DEATH

1 Netural

2 Accident

4 Homicide

3 Suicide

that initieted events resulting in deeth) LAST

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	Pages 1, 2	
	sit permit.	
physician.	burial-trans	
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ed by the	vuld be det	ed at on
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Раде 6 та	al director,	ner must
after death.	y the funera	cal exami
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ING PHYSI	After this c	marked,
OR ATTEND	JIRECTOR:	tem 28 is
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after beath. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page	De med writin 72 hours after great with the base bept, or negative and menta hybers prior to come, or removed.  IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
THE THE	THE THE	IMPOR

COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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												) (	3	113	00	
FOR 1 - STATE REGISTRAR		STATE OF N	MARYLAN	ID / DEP	PARTM IFIC/	ENT OF	HEALTH DEA	i AND I	MENTAL HY	GIEN G. NO.						
1. DECEDENT'S NAME (First,	, Middle, Last)								2. DATE OF DE				3. TIME OF DEATH			
MILDRED C.	CRAWF	'ORD							MONTH 04	04 15			9	:15	Ам	
4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE (in )	rs. last birtho	lay) IF I	F UNDER 1 YEAR IF UNDER 24 HRS. 7, DATE OF BIRTH (Month, Day, Year)						8. BIRTHPLACE (State or Foreign				
161-30-199	94	1 🗆 M 2 📈 F	5	4 YR	S. MON	THS DAYS	HOURS	MIN.			936	PFNN	"	VANTA	4	
9a. FACILITY NAME (If not in	MARCH 10,1936 PENNSYLVANIA  9b. CITY, TOWN OR LOCATION OF DEATH  9c. COUNTY OF DEATH															
SACRED HEA		CUMBE	RLANI	, MD	21502		AL	LEGA	NY							
RESIDENCE OF DEC	CEDENT															
10a. STATE	10b. COUNTY	Υ		10c.	CITY, TO	WN OR LO	ATION							SIDE CITY		
WEST VA	MINE	ERAL			FT.	ASHB	1						1 🗆 1	ES 2 X	NO	
10e. STREET AND NUMBER							of. ZIP CO	DE			10g. CIT	IZEN OF	WHAT CO	DUNTRY?		
DAN'S RUN F			267:	19			U	.S.A								
11. MARITAL STATUS	RMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— 14. RACE — American India: NO If yes, specify Cuban, Maxican, Puarto Rican, atc.)  14. RACE — American India: Black, Whita, atc.							n,								
1 Never Married 2 🔀		FORCES? 1					S 2 X NO			atc.)		Spec	offy:			
3 Widowed 4 Divo	proed												WH	ITE		
	EDENT'S EDU		10	Sa. DECEDEN	d of work	done durina		dna	16b. KIND	OF BU	SINESS/IN	DUSTRY				
Elementary/Secondary (6		College (1-4 or 5	+)	life. Do No	OT use ret	ired.)										
		4		REGI	STE	RED N	JRSE		NURSING-MEDICINE							
17. FATHER'S NAME (First, M	fiddle, Last)				18. MOTHER'S NAME (First, Middle, Malden Surname)											
JAMES CORRY	1				ELLA MARY PRAY											
19a. INFORMANT'S NAME (	Typa/Print)			19b. MAR	19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)											
DAVID E.	CRAWFO	ORD		DA	N'S	RUN	ROAD	- FT	. ASHBY	. W	V 2	6719				
20a. METHOD OF DISPOSIT			20b. P	LACE OF DIS	SPOSITIO	N (Name of	cemetery, cri	matory or		20c, LO	CATION -	- City or To	own, Sta	la .		
1 □ Burial 2 □ Crematic 4 XXXDonation 5 □ Other		oval from Stala		W.V.U	.HUN	1AN G	FT R	EGIS	TRY	M	ORGAI	NTOWN	V. W	٧		
21, SIGNATURE OF FUNERA	L SERVICE LIC	CENSEE				22. NAME	AND ADDR	ESS OF FA	ACILITY	0.7.5	105 6	21.00				
- Olendi	1 8	Toxhew	2						BASIC S WEST V			BLDG	4			
23. PART I. Enter the shock, or h		complications the			Do not							rreet,		Approxime		
IMMEDIATE CAUSE (FI	nei		0 -	1	10	0//	1						(	Onset and	Desth	
disease or condition	$\rightarrow$	a	Len	al	( &	61	(a	rei	nome	P			-			

PART II. Other eignificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I.

DUE TO (OR AS A CONSEQUENCE OF

DUE TO (OR AS A CONSEQUENCE OF):

DUE TO (OR AS A CONSEQUENCE OF):

24a. WAS AN AUTOPSY PERFORMEO? 1 - YES 2 X NO

24b. WERE AUTOPSY FINOINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

1 🗆	YES	2 🗌 NO	

26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:
4 Nursing Home 5 Rasidenca 6 Other (Specify) lent 2 ER/Oulpatient 3 DOA

26a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 26d. DEŞCRIBE HOW INJURY OCCURED

28c. INJURY AT WORK?
1 YES 2 NO

28e. PLACE OF INJURY — Al home, farm, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

29a. CERTIFIER

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2 MEDICAL EXAMINER: On the basis of exemination and/or investigation, in my opinion, death occured at the time, data and piece, and due to the cause(s) and 29b. SIGNATURE AND TITLE OF CERTIFIER

	Com	5.	Chyples	
a suction			and the second desired to the second	١

homas MD

APR 1 7 199 32. REGISTRAR'S SIGNATURE 1990

15 90

440

29d. DATE SIGNED (Month, Day, Year)

DHMH-16 Rev 1/89

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this centificate has been signed by the authority physicial an compressy med in by the funeral unector, page 3 should be as a time build-rulatish permit. De filed within 72 hours after death with the State Dept. of Health and Mental Hyghere prior to bunal, cremation, or removal.	IMPORTANT: If liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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1 - FOR STATE OF N	IARYLAND / DEPARTMEN CERTIFICAT	T OF HEALTH AND E OF DEATH	MENTAL HYGIENE REG. NO.	
1. DECEDENT'S NAME (First, Middle, Last) Cosprove, Stella	M.		2. DATE OF DEATH DAY	YEAR 3. TIME OF OBATH 1990 10 AM M
4. SOCIAL SECURITY NUMBER 3. SEX 214 -07-2464 1 1 M 2X F	81 YRS. MONTHS	PAYE IF UNDER 24 HRS. DAYE HOURS MIN.	7. OATE OF BIRTH (Month, Day, Year)	8. BIRTHPLACE (State or Foreign Country)
9a. FACILITY NAME (If not institution, give street and number)  Allegany County Residence OF DECEDENT	sy Horse (	y, town or Location of C	land	Alkgany
100. STATE 10b. COUNTY Allegas	uy 10c. CUTX TOWN	Plast M	unes 100	10d. INSIDE CITY LIMITS? 1 YES 2 NO CITIZEN OF WHAT COUNTRY?
P. O. Boy 135 11. MARITAL STATUS 12. WAS DECEDEN		2/50	2 INIC ORIGIN? (Specify Yes or No-	USA - 14. RACE - American Indian,
1 Never Merried 2 Merried FORCES? 1 3 Widowed 4 Divorced FYES, GIVE W	AR OR DATES	If yes, specify Cuben, Mexic  1 ☐ YES 2 PNO Spec	tly:	Specify: White
1s. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5 -	) Ille. Do NOT use retired.	during most of working	18b. KIND OF BUSINESS	Textile
17. FATHER'S NAME (First, Middle, Last)  Edward McKenzie		18. MOTHER'S N	AME (First, Middle, Meiden Surnan Be a	wer
19a. INFORMANT'S NAME (Type/Print)			Route Number, City or Town, State	
Eva Mae Wright	P.O. BO		hart Mines,	MD 21528
1 Buriel 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify)	other place)		ardens LaVa	
21. SIGNATURE OF FUNERAL SERVICE LICENSEE	I A	name and address of afer Chape	of The Hi	lls Mortuary
23. PART I. Enter the diseases, or complications the ahock, or heart failure. List only one certified disease or condition resulting in deeth)  Sequentially list conditions, our to mediate our part of the any, leading to immediate	CON AS A CONSCIUENCE OF):	Tylec	ch as cardiac or respiratory	Approximate Interval Between Oneet and Death
CAUSE (Disease or Injury	(OR AS A CONSEQUENCE OF):	V		
PART II. Other aignificant conditions contributing to Service Olemania.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2. NO   HOSPITAL: 1   Inpatient 2. C. (Month, C. (M	death but not resulting in the	underlying cause given i	Part I. 24s. WAS AN AUTO PERFORMED? 1 ☐ YES 2 1 NO	AVAILABLE PRIOR TO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	ОТН			
1 YES 2 NO 1 Inpatient 2 I		28c. INJURY AT	8 Other (Specify)  28d, DESCRIBE HOW INJURY	OCCURED
1 Mindrell 2 Lauring		WORK?  1 YES 2 NO		
28a PLACE C	OF INJURY — At home, ferm, street, freet. (Specify)	actory, office	281. LOCATION (Street end Nu City or Town, State)	mber or Rural Route Number,
4 Gould not be determined building.  29e. CERTIFIER (Check only one) 2 MEOICAL EXAMINER: On the basis of a				
296, SIGNATURE AND TITLE OF CERTIFIER	M.D.	29c. LICENSE N	75 0 P	DATE SIGNED (Morith, Day, Year) 4-16-96
30. NAME AND ADDRESS OF PÉRISON WHO COMPLETED CAU  31. DATE FILED (Month, Day, Year)  32. REGISTRU		Vale, m	d.	
APR 1 1 10000 Late Frield	- Bandis CC			

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be ex	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician a	be filed within 72 hours after death with the State Oept, of Health and Mental Hygiene prior to	management is the managed on them 30 about and laters on other bring
	E	E	W.	9
	F	P	2	5

LIVENGOOD, M.D.

	1 - STATE REGISTRAR	STATE OF MA	RYLAND / DEF	ARTMENT IFICATE				NTAL HYGIEN	E	
	1. DECEDENT'S NAME (First, Middle,	GE EDWARD CLARK  2. DATE OF DEATH MONTH 1.2								
1	4. SOCIAL SECURITY NUMBER 705107280	1 🕅 M 2 🗌 F	AGE (In yrs. lest birtho	S. MONTHS	DAYS I		MN.	7. DATE OF BIRTH (Month, Day-Year) 02-07-1910 MARYLAND		
TOR	SACRED HEART	HOSPITAL		1	MBERL		OF DEATH		9c. COUNTY	EGANY
DIRECTOR	10e. STATE 10b. C	COUNTY	1	CITY, TOWN		N				10d. INSIDE CITY LIMITS?
	WEST VA  100. STREET AND NUMBER	MINERAL		RIDGEL	_	IP CODE			10g. CITIZEN	1 YES 2 NO OF WHAT COUNTRY?
FUNERAL	ROUTE 2, BOX 3	VER IN U.S. ARMED YES 2 NO OR DATES	ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or Ni If yea, specify Cuban, Mexican, Puarto Rican, atc.)						RACE — American Indian, Black, White, atc.	
ED BY	3 X Widowed 4 Divorced  15. DECEDENT				1 TYES 2	M NO	оросну.	Las VIII of BU		WHITE
COMPLETE	(Specify only highes Elementary/Secondary (0-12)	t grade completed)  College (1-4 or 5+)	life Do NOT use settend )					IRONWORKERS UNION		
BE CON	17. FATHER'S NAME (First, Middle, LI BERNARD MORGA)	N CLARK				16. MOTHER'S NAME (First, Middle, Maiden Surname)  CARRIE STUCKEY				
10	III 19a. INFORMANT'S NAME (NOn/Print) I 19b. MAILING ADDRESS (Street and Number of Humber City of Journ State Zio Code)									ie)
	20a, METHOD OF DISPOSITION 1 ABurial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) HILLCREST BURIAL PARK  20b. PLACE OF DISPOSITION (Name of cometery, crematory or other place) HILLCREST BURIAL PARK  CUMBERLAND,									
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY GEORGE-UPCHURCH FUNERAL HOME, P.A. 202 GREENE ST., CUMBERLAND, MD 21502									
	23. PART i. Enter the diseases, for complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart fellure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Due TO (or AS A CONSEQUENCE OF):  Approximate Interval Between Onset and Death of the condition of the conditio									
CERTIFICATION	Sequentielly list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury								
ERTI	resulting in death) LAST	d								
PHYSICIAN: MEDICAL C	PART II. Other algnificant con	A	eath but not result		nderlying	cause giv	en in Par	1 T YES 2	RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO
SICIAN	25. WAS CASE REFERRED TO MEDI EXAMINER? 1   YES 2   NO	HOSPITAL:	R/Outpatient 3 D	OTHE	R:	CE OF DEA				
ву рну	27. MANNER OF DEATH  1 Natural 5 Pendin 2 Accident Investig	28a. DATE OF IN (Month, Day,	28a. DATE OF INJURY   26b. TIME OF INJURY   28b. DATE OF INJURY   26b. TIME OF INJURY   26b. TIME OF INJURY   M   1   YES 2   NO						NJURY OCCUR	ED
	3 Suicide 8 Could 4 Homicide determ	not be building, et	NJURY — At home, fa c. (Specify)	erm, street, fac	tory, office		281. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
COMPLETED	contact only	3 PHYSICIAN: To the best of m XAMINER: On the besis of exer								ruse(s) and manner as stated.
TO BE CO	296. SIGNATURE AND TITLE OF CA	ENTIFIEN ON STATE AND INC.	a me	>		DZ.	377	74	29d. DATE SI	GNEO (Month, Day, Year) -12-96

912 SETON DRIVE

CUMBERLAND, MD

DHMH-16 Rev 1/89

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CHI (TIME)	nours after death. Page 6 may be retain	illed in by the funeral director, page 5 shan, or removal.	e medical examiner must be notiff
	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mouns after death. Page 6 may be retain	TO THE FUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 sh., he find within 72 hours after death with the State Deor, of Health and Mental Hyglene prior to burfal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM	ENT OF H	EALTH AND N DEATH	MENTAL HYGIEN REG. NO.	E	
	1. DECEDENT'S NAME (First, Middle, Last)	• 1				2. DATE OF DEATH DA	N 6/9 0EA	3. TIME OF DEATH
ĺ	Joan Cuts					- /	9	0.700 M
		5. SEX 6. AGE (h		ITHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 10-28-3	C	IRTHPLACE (State or Foreign
	9a. FACILITY NAME (If not institution, give stre	Λ.	33	CITY, TOWN O	R LOCATION OF DE		9c. COUNTY C	Maryland F DEATH
۳ ا	University Hos			Balti				imore City
5	RESIDENCE OF DECEDENT  10s. STATE  10b. COUNTY	P 2 0 0 2	40-0174 7	OWN OR LOCAT				10d. INSIDE CITY
DIRECTOR		oll County	77	ksbur				LIMITS?
	10e. STREET AND NUMBER	OII COUNTRY	1 11.		ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
EB	12 E. Collin C.	ircle			21048		U	.S.A.
<u>.</u>	11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED			IC ORIGIN? (Specify Yes	or No- 14. F	RACE — American Indien, Black, White, etc.
BY FUNERAL	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA		1 🗆 YES	2 XNO Specify	:		Specify: White
ED	15. DECEDENT'S EDUCA (Specify only highest grade or		16a. DECEDENT'S USU			16b. KIND OF BUS	SINESS/INDUSTR	
4	Elementary/Secondary (0-12)	College (1-4 or 5+)	Me. Do NOT use re	tired.)				
	12		Nursino	Tech		C.C. G		l Hospital
	17. FATHER'S NAME (First, Middle, Lest)  Wilmer Fitzwa	tor				erine But		
	19e. INFORMANT'S NAME (Type/Print)	Lei	19b. MAILING AD	DRESS (Street a		Soute Number, City or Tow		0)
임	Deborah Anders	on	7004 E	risto	l Avenu	e Sykesv	rille,	MD 21784
	20e. METHOD OF DISPOSITION 1 [Y Burlel 2 ] Cremetion 3 ] Remove	val from State	PLACE OF DISPOSITION other place)				CATION — City	
	4 Donetion 5 Other (Specify)		leadowric		m. Park		ridge	
	► 7/- 41)	42-14				Bex 195	S. L.	21784
	23. PART i. Enter the diseases, or co	raught	I the death De not	//				Approximate
	shock, or haart fallure. L	ist only one cause on a	ach line.	anter tha mo	ua or cynig, suci	ras caldiac of reap	natory arrest,	interval Batween Onset and Death
	IMMEDIATE CAUSE (Final disease or condition	Cardi	ac F	ailu	re			Onset and Death
	reaulting in death) a.	DUE TO JOB AS A						
Z	Sequentially list conditions,	8 ARDS	DUE TO (OR AS A CONSEQUENCE OF):  ARDS, Renal Failure  Due TO (OR AS A CONSEQUENCE OF):					
ATIC	If any, leading to immediate cause. Enter UNDERLYING	of Runal	CONSEQUENCE OF):	lore	ARD	5		j
딢	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):	,				
CERTIFICATION	reaulting in death) LAST		neumo	nia				
	PART II. Other aignificant conditions	contributing to death b	ut not reaulting in t	he underlyin	cause given in	Part I. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS
JICAL	Anemia					1 TES 2		AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ME							1	1 - YES 2 - NO
PHYSICIAN: MEDI								
2		HOSPITAL:		THER:	ACE OF DEATH (Ch			
HYS	1 YES 2 NO  27. MANNER OF DEATH	1)S Inpetient 2 ER/Outp	28b. TIME O	F 28c. INJ	URY AT	8 Other (Specify)  28d. DE\$CRIBE HOW	NJURY OCCURE	ED .
ВУ Р	1 Natural 5 Pending 2 Accident investigation	(Month, Day, Year)	INJUR		RK? (ES 2 NO			
	3 Suicide 6 Could not be	28e. PLACE OF INJURY building, etc. (Spec		et, factory, offic	•	281. LOCATION (Street City or Town, State,		tural Route Number,
	4 Homicide determined							
COMPLETED	and and	ZIAN: To the best of my know						use(s) and manner ee stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER		. score investigation, I	my opinion, c	29c. LICENSE NUI			SNED (Month, Day, Year)
H	John Por		1. D.		Terr Procuse MOI		► 4.	16/90
임	30. NAME AND ADDRESS OF PERSON WHO				14 (	\		,
	22 South G	-	treet,	Dalt	MI	)		
- 1	31. DATE FILER DE TIME DE TOUR	32. REALBHART SIGN	PLUBE_TAGANCIA DE					

MARYLAND 21203-3146

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete	Crem	ent,
per	E00	la,	2
Dexe	and.	0	nati
eq.	clan	100	raur
icate	physi	le pr	er 1
certif	guil	ygier	oth
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es th	gned	ealth	\$ 31
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MP.	is be	ept.	23 8
The	te h	ate D	E
AN:	tifica	e St	2
SICI	Cer	4	d, c
PH	this	wit	rrke
DING	After	death	THE S
LENE	OR:	fter	80
AT	SECT.	ITS 3	ш 2
L 06	P	hou	E.
PITA	FRAI	n 72	H 3
158 158	F	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremi	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event,
置	光	Piled	POR
2	2	8	E

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

1 . S	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI			MENTAL HYG		- 11070			
	CEDENT'S NAME (First, Middle, La	R	trice Co	uldridg		2. DATE OF DEAT	TH DAY	3. TIME OF DEATH			
4. 800	CIAL SECURITY NUMBER	5, SEX 6, AGE		F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRT		BIRTHPLACE (State or Foreign			
		361 □ M 2 □XF	89 YRS. M	DAYS	HOURS MIN.	(Month, Day, Ye	24-01	Peww,			
	ACILITY NAME (If not Institution, gi	ursing Center	9	Hager	S town	EATH		r of DEATH hington			
RESI	STATE 106. COU		10c. CITY	TOWN OR LOCATI	ON			10d. INSIDE CITY			
C RESI	Maryland W	ashington	1000		gerstown						
	TREET AND NUMBER				101. ZIP CODE 10g. CITIZEN OF V						
<u>س</u> 5	5 East Washi	ngton Street		2	1740	.S.A.					
E 10	ARITAL STATUS  Never Married 2 Merried  Widowed 4 Olvorced	12. WAS OECEDENT EVER IF FORCES? 1 TYES IF YES, GIVE WAR OR D	2 XNO	If yes, spe		NIC ORIGIN? (Speci on, Puerlo Rican, et y:		B. RACE — American Indian, Black, White, etc. Specify: White			
<b>a</b>	15. DECEDENT'S I		16a. OECEDENT'S US	UAL OCCUPATIO	N t = f == d/==	18b. KIND O	F BUSINESS/INOUS	STRY			
Ele 17. FAT	ementary/Secondary (0-12)	(Specify only highest grade completed)  ordary/Secondary (0-12)  College (1-4 or 5+)  College (1-4 or 5+)  Give kind of work done during most of working life. Do NOT use retired.)  Homemaker  Owr					wn Home				
17. FAT	THER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, M					
H	George W	ashington S	Smith		Anni	e Mar	ie Sp	encer			
0 190.10	19e. INFORMANT'S NAME (Type/Print)  Lois J. DeNobrega  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  466 Pangborn Blvd., Hagerstown, Md. 21740										
20a. M	20a. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of complany, crematory or 20c. LOCATION — City or Town, State										
	Donetion 5 Other (Specify)	Ha	arbaugh's	Church	Cemeter	y NE Ro	uzervill	e, Franklin, Pa			
21. SIG	MATURE OF FUNERAL SERVICE	0 1	4	Andrew 40 E.	K. Cof Antieta	fman Fun m St., H	eral Hom	ne, Inc. m, Md. 21740			
disea	shock, or hasrt failu EDIATE CAUSE (Final ase or condition liting in daath)	a. DUE TO (OR AS	ach line.	Ho	our-	Perles	۷	Interval Between Onset and Death			
If am cause CAUS that i	Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  C. DUE TO (OR AS A CONSEQUENCE OF):										
	PERFORMED?  1 □ YES 2 MNO  Of							24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2  NO			
Ä	AS CASE REFERRED TO MEDICA										
S 6	XAMINER?	HOSPITAL:		THER:	ACE OF DEATH (Ch						
27. MA	ANNER OF DEATH	26a. DATE OF INJURY	28b, TIME	OF 28c, INJ		8 Other (Specification 28d, DESCRIBE in	y) HOW INJURY OCCU	RED			
2 15	Natural 5 Pending	(Month, Day, Year)	INJUF		RK7 ES 2 NO						
2 Accident 3 Suicide 5 Could not be determined 4 Homicide 2 Accident 3 Suicide 5 Could not be determined								Number or Rural Route Number,			
0 (0	unal .	IVSICIAN: To the best of my know									
296. S	SIGNATURE AND TITLE OF CERT				29c. LICENSE NU			Signatu (Month, Day, Year)			
2 30. MA	AME AND ADDRESS OF PERSON  BOUL WA	WHO COMPLETED CAUSE OF DE		Hill	NE. U	ACIERS T	OWN -	M7 21746			
31. DA		32. REGISTRAR'S SIGN									

FOR STATE REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO

_	TIEGISTIAN			-1111	IOAIL	- 01	DLA		nc	G. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	N		C-h-					2. DATE OF DE	DA	Y 1.04	YEAR	3. TIME OF DEATH
	E11a	Nora 5. sex	6. AGE (In yrs. Ins	Cohe	IF UNDER	1 VEAD	# UNDER	24 MBC	March		199		6:25P.M. M
	218-20-6362	1 □ M 2-€ F	93	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day,	Year)	200	Countr	y)
	9a. FACILITY NAME (If not institution, give street and number)					TOWAL (	PR LOCATION	OH OF DE		3 T. S		Mary INTY OF D	yland
œ								ON OF DE	AIH				
2	Memorial Hospita		Tall	ot					Easto	n			
E	10a. STATE 10b. COUNT	Y, TOWN (	OR LOCAT	ION						10d. INSIDE CITY			
HO	Maryland				Ridg	elv					LIMITS?		
7	10e. STREET AND NUMBER			. ZIP COD				10g. CI	FIZEN OF V	VHAT COUNTRY?			
B.	MD Route 480						216	60			U.	S.A	
BY FUNERAL DIRECTOR	11. MARITAL STATUS	MED	13.	WAS DEC	ENDENT C	F HISPAN	IC ORIGIN? (Spi	ecify Yea	or No-	14. RACE	— American Indian,		
E	1 Never Married 2 Married	FORCES? 1	YES 2 X	10			ecify Cube		n, Puerto Rican,	atc.)		Speci	k, White, stc.
	3 Widowed 4 Divorced						X	opeony				Cau	casian
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION	16a. DE	CEDENT'S	USUAL O	CCUPATIO	ON est of working	200	16b. KIND	OF BUS	INESS/IN	DUSTRY	
ш	Elementary/Secondary (0-12)	College (1-4 or 5	- Allen	Do NOT u	se retired.)	danny mo	at of works	79					
MP	7 gr.	none		Hon	nema	ker				Ho	ome		
Ö	17. FATHER'S NAME (First, Middle, Last)						18. MOTI	HER'S NA	ME (First, Middle,	Maiden	Sumame)		
BE	Hiram Guessf	ord					M	lary	Eller	n Ce	ecil		
0	19a. INFORMANT'S NAME (Type/Print)		198	. MAILING	ADDRES:	S (Street a	and Number	or Rural F	loute Number, Cit	ty or Town	n, State, Z	ip Code)	
Final Park	Arthur Cohee,	Jr.		Rt.	1	Box	3,	Rid	aely,	MD	210	560	
	20a. METHOD OF DISPOSITION  1 Durial 2 Cremation 3 Rem	ovel Imm State	20b. PLACE	OF DISPO	SITION /N/	me of ce	metery crea			20c. LO	CATION -	- City or To	
	4 Donation 5 Other (Specify)	Cem	Cemetery Ridgely, Maryland					Maryland					
	21. SUSTATURE OF FUNERAL BERVICE LI	ceysia M					ND ADDRE				D 7		
	- Proudal	K MIN	VY,						al Hor			4.	
	23. PART I. Enter the diseases, or	complications the	ot coused the de	eth. Do								rrest.	Approximete
	shock, or heart pillure.	List only one cer	use on each ilne				,					,	Interval Between Onset and Death
	disease or condition Passemanua									/ constant			
	resulting in death)		(OR AS A CONSE		F):								1 week
-													
CERTIFICATION	Sequentially list conditions,  If any, leeding to immediate  DUE TO (OR AS A CONSEQUENCE OF):												
S	couse. Enter UNDERLYING	C.											
E	CAUSE (Disessa or injury that initiated events	DUE TO	(OR AS A CONSE	DUENCE C	F):								
	resulting in death) LAST	d											
	PART ii. Other significent condition	ne contributing to	death but not i	neulting	in the u	derivin	G COURS	civen in	Part I 24a	WAS AN	AUTOPSY	/ 245	WERE AUTOPSY FINDINGS
EDICAL	aprilie Ste		death but not i	counting	in the di	i doriyiii	g couse	given in		PERFOR		240	AVAILABLE PRIOR TO COMPLETION OF CAUSE
ă	around su	Works							1 C	YES 2	X NO		OF DEATH?
Σ									_				1 YES 2 NO
A N													
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE	R:			eck only one)				
14S	1 X YES 2 □ NO 27. MANNER OF DEATH	26a. DATE Of	ER/Outpatient 3	28b. TIR	_		URY AT	esidence	6 Other (Spe		M HARRY O	COURED	
	1 Natural 5 Pending	(Month, E		IN IN	JURY	W	PRK?	¬ NO	26d. DESCRIB	E NOW II	NJUNT U	CCURED	
ВУ	2 Accident Investigation	28a. PLACE O	OF INJURY At he	me, ferm.	street, fac			_ NO	28f. LOCATION	I /Street i	and Alumb	er or Rural i	South Number
ED	3 Suicide 6 Could not be 4 Homicide determined	building	, atc. (Specify)			,	-		City or Tow		ina rvamo	or or rioral i	rone manuer,
COMPLET	29a. CERTIFIER		-										
MP	(Check only 1 X CERTIFYING PHYS												
00		-2	EXE/MINATION ENG/OF	Investigati	on, in my	opinion,	santh occu	red at the	time, data and	place, an	d due to	the cause(	a) and manner as stated.
BE	296. SIGNATURE AND THE OF CENTIFIE	1/0					29c. LIC	ENSE NUI	MBER O		29d. D/	TE SIGNED	(Montil, Day, Year)
0	( Cole		MA				D	01	287		- (	13//	4/40
jee .	30. NAME AND ADDRESS OF PERSON WI	F AUG	SE OF DEATH (ITE	M 27) (Typ)	30 X	(2	20	Sol	dsho	Vo	me	21	1636
	MAR 20 90	32. REGISTR	ARY SIGNATURE	Pande	200								

BALTIMORE, MARYLAND 21203-3146	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician, and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Page be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	ic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within ZA flours after de TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the he filed within 72 hours after death with the State Dept. Of Health and Merital Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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								errore il sussenio			
	FOR 1 - STATE REGISTRAR	STATE OF M				OF DEA		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)		0.		IOAIL	OI DEA		2. DATE OF DEATH		3. TIME OF DEATH	
	MARY M CRAGG							MONTH DA		20 10·10	ΛМ
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	t birthday)	IF UNDER t 1	_	ER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)	in n
	214-05-0701	1 M 2 XXF	92	YRS.	MONTHS	MYS HOURS	MIN.	Aug. 23,	1898 N	lary land	
	9a. FACILITY NAME (If not institution, give a	treet and number)			9b. CITY, T	OWN OR LOCAT	TION OF DEA	тн	9c. COUNTY	OF DEATH	
8	North Arundel Ho	spital			Glei	n Burn	ie		Anne	Arundel	
DIRECTOR	RESIDENCE OF DECEDENT  10s. STATE 10b. COUNT	Y		10c. CIT	Y, TOWN OR	LOCATION				10d. INSIDE CITY	
E I	Maryland Anne	Arunde1		G1	en Bui	cnie				LIMITS?	,
	10e. STREET AND NUMBER					10f. ZIP CO	DE		10g. CITIZEI	N OF WHAT COUNTRY?	$\neg$
FUNERAL	6656 Shelly Rd.	Apt. 192				2106	51		U.S.	.A.	
3	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AR	MED				C ORIGIN? (Specify Yes	or No- 14	I. RACE — American Indian, Black, Whits, etc.	
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE V	AR OR DATES	•0		YES 2 X NO		, Puerto Rican, etc.)	- 1	Specify:	
	15. DECEDENT'S EDU		I pr							<u>White</u>	_
	(Specify only highest grade	completed)	(G	ive kind of Do NOT u	USUAL OCC work done dur se retired.)	ing most of worl	king	16b. KIND OF BU	SINESS/INDUS	STHY	
PE	Elementary/Secondary (0-12)	College (1-4 or 5	"   Sal	20				Depart	mont (	Store	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		1 201	63		18. MO	THER'S NAM	E (First, Middle, Maiden		S C O I E	
Ш	Henry J. Hoffman					He	len A.	. Helfrich	1		
0	19s. INFORMANT'S NAME (Type/Print)		191	b. MAJLING	ADDRESS (			oute Number, City or Tow		ode)	
유	Dorothy Lloyd			2 15	Drum F	Rd. Sou	uth. F	asadena.	Maryla	and 21122	
	20g, METHOD OF DISPOSITION 1 🗵 Burlal 2 🗆 Cremation 3 🗆 Rem	oval from Stata	other pli	ace)		of cemetery, cr		20c. LO	CATION — CIT	y or Town, Stats	
	4 Donation 5 Other (Specify)	· Promo	_   Glen	Hav		<u>norial</u>			en Burr	nie, A.A., M	D_
H	21. SIGNATURE OF FUNERAL SERVICE L	CENSEE	. 0			ME AND ADDR					
$\Box$	Need o	-1/- Labor	X		42	Crain	Hwy.	S.E., GI	en Bur	nie, MD 210	61
	23. PART i. Enter the diseases, or shock, or heart failure.										
1 1	IMMEDIATE CAUSE (Finel		00		/		1			Onset and D	
	disease or condition reaulting in deeth)	· XON	DINGOUN	M	10)	12 /11			· ·		
		A DUE TO	(OR AS A CONSE	OMENCE O	1016	And	14	eint F	7.10.	R	
No.	Sequentially list conditions,	b. DUE TO	(OR AS A CONSE	QUENCE O	FR /	a	-V		14/1		
ĮĘ	If sny, leeding to immediate cause. Enter UNDERLYING	Care	20/me		ayo	1) me	1110	A.		İ	
빌	CAUSE (Diseese or injury that initiated events	DUETO	(OR AS A CONSE	QUENCE O	n:	0	1	These	2004	2	
ERTIFICATION	resulting in death) LAST	a prev	1 PM	10	ugoe	2001	71	refe	2100	W.	
ū	PART II. Other significent condition	ns contributing to	death but not i	resulting	in the und	erlying ceuse	given in i	Part I. 24s. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDI	INGS
EDICAL						, ,		PERFO		AVAILABLE PRIOR TO COMPLETION OF CAUS	
								1 _ YES :	2 DNO	OF DEATH?	
2								_		10,120 10,110	
NA	25. WAS CASE REFERRED TO MEDICAL					26. PLACE OF	DEATH (Che	ck anly one)			
Sic	EXAMINER?	HOSPITAL:	ER/Outpatient 3	3 🗆 DOA	OTHER:	ng Home 5 🗆	Rasidence	6 Other (Specify)			
PHYSICIAN:	27. MANNER OF DEATH	28a. DATE Of	INJURY Day, Year)	28b. Til	AE OF 2	8c. INJURY AT WORK?		28d. DESCRIBE HOW	INJURY OCCU	RED	
BY F	1 Natural 5 Pending 2 Accident Investigation	(			M	1 YES 2	□ NO				
	3 Suicide 6 Could not be		OF INJURY — At he etc. (Specify)	ome, farm,	street, factor	y, office		281. LOCATION (Street City or Town, State		Rural Route Number,	
EE	4 Homicide determined										
립	CONTON DINY							to the cause(s) and ma			
COMPLET	one) 2 MEDICAL EXAMIN	ER: On the basis of	xamination and/or	investigat	on, in my opi	nion, death oc	cured at the	time, data and place, a	nd dus to the	cause(a) and manner as state	ed.
BE (	296. SIGNATURE AND TITLE OF CERTIFIE	MM	Alterede	, ,,,	D. J.	29c. L	ICENSE NUM	BER P.	29d. DATE	SIGNED (Month, Day, Year)	
0		1 //	, v			V	di	50 17	1	111120	
	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAL	ISE OF DEATH (ITE	M 27) (No	n. Print)					7	-

YRIAC, MD 14 WELLHAM AVE #101, GLEN BURNIE, MD.

Jac. REGISTRAR'S SIGNATURE

Jac. Day Grown Mandelle

nutilied at once.

**MRYLAND 21203-3146** 

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death	filled in by the fund	ion, or removal.	he medical exam
be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the full	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical exam
the death certificate	/ the attending physi	d Mental Hygiene pr	injury, or other t
law requires that	las been signed by	Dept. of Health an	23 shows any
IG PHYSICIAN: The	ter this certificate h	ath with the State	narked, or item
TAL OR ATTENDIN	VAL DIRECTOR: Aft	72 hours after dea	If Item 28 is n
TO THE HOSPI	TO THE FUNER	be filed within	IMPORTANT:

Walter R. Dickhaut  SOCIAL SECURITY NUMBER  STRET AS SEX  STRET AND NUMBER  STRETA AND NUMBER  STRET AND NUMBER  STRETA STREET AND NUMBER  STRETA STREET AND NUMBER  STRETA STREET AND NUMBER  STRETA STREET STREET, NUMBER STREET STREET, NUMBER STREET, NUMBER STREET, NUMBER STREET, NUMBER STREET, NUMBER STREET, NUMBER STREET, NUMBER STREET, NUMBER STREET, N	6. BIRTHPLACE (State or Foreign Country)  0.8 Wash., DC  DUNTY OF DEATH  10d. INSIDE CITY  LIMITS?  1  Yes 2  NO  CITIZEN OF WHAT COUNTRY?  USA  14. RACE — American Indian, Black, White, etc.  Specify: White	MONTH	EAR IF UNDER 24 HRS. 7.  INTS HOURS MIN. 1  WN OR LOCATION OF DEATH Olney  OCATION  Spring  10f. ZIP CODE 20906  DECENDENT OF HISPANIC s, specify Cuben, Mexican, If	9b. CITY, TOWN OR LC	tal	5. SEX 6. AGE (In	R. Dic	Walter 4. SOCIAL SECURITY NUM						
## APTI 1 1990  ## APTI 1 1990	6. BIRTHPLACE (State or Foreign Country)  0.8 Wash., DC  DUNTY OF DEATH  10d. INSIDE CITY  LIMITS?  1  Yes 2  NO  CITIZEN OF WHAT COUNTRY?  USA  14. RACE — American Indian, Black, White, etc.  Specify: White	PRIGIN7 (Specify Yes or No — I 1	AR IF UNDER 24 HRS. 7.  INS HOURS MIN. 1  WIN OR LOCATION OF DEATI Olney  DOCATION  Spring 101. ZIP CODE 20906  DECENDENT OF HISPANIC s, specify Cuben, Maxican, If	9b. CITY, TOWN OR LC	tal	5. SEX 6. AGE (In	341 5.	4. SOCIAL SECURITY NUM						
The first place of the place of	Country)  Nash., DC  DUNTY OF DEATH  T G OME T Y  10d. INSIDE CITY  LIMITS?  1  Yes 2  NO  CITIZEN OF WHAT COUNTRY?  USA  14. RACE — American Indian, Black, White, etc.  Specify: White	(Month, Day, Veer) (OV. 5, 1908  9c. COUNT MONT  10g. CITIZE  US  (RIGIN? (Specify Yes or No — 11	WYS HOURS MIN. I	9b. CITY, TOWN OR LC	tal	1 M 2 F 81	341 1 notitution, give street							
STRECTIFY NAME (if not strainted, parter and name)   State and name and name)   State and name)   State and name)   State and name)   State and name)   State and name)   State and name and name and name)   State and name and name and name)   State and name and name and name)   State and name and name and name and name)   State and name and n	O8 Wash., DC DUNTY OF DEATH IT OMETY  10d. INSIDE CITY LIMITS? 1 YES 2 NO  CITIZEN OF WHAT COUNTRY?  USA  14. RACE — American Indian, Black, White, etc. Specify: White	10g. CITIZE	wn or Location of Deati Olney  Ocation  Spring  10f. ZIP CODE  20906  DECENDENT OF HISPANIC s, specify Cuben, Mexican, I	9b. CITY, TOW	tal 10c. CI	and number)	nstitution, give street	570 OF O						
MONTGOMERY General Hospital    Montgomery General Hospital   St. CITY, TOWN OR LOCATION OF DEATH Online   Montgomery   Mon	OUNTY OF DEATH  TITE OMERY  10d. INSIDE CITY  LIMITS?  1  YES 2  NO  CITIZEN OF WHAT COUNTRY?  USA  14. RACE — American Indian, Black, White, etc.  Specify: White	9c. COUNT MONT  10g. CITIZE  US  PRIGIN? (Specify Yes or No — 1	Olney  Ocation  Spring  ocation  Spring  of. Zip code  20906  Decendent of Hispanic s, specify Cuben, Mexican, i	TY, TOWN OR LC	10c. CI	net and number)	nstitution, give street	J/0-0J-9341   A						
Montgomery General Hospital    Montgomery General Hospital   Oliney   Montgomery	10d. INSIDE CITY LIMITS?  1  YES 2 NO  CITIZEN OF WHAT COUNTRY?  USA  14. RACE — American Indian, Black, White, etc.  Specify: White	Mont  10g. CITIZE  US  PRIGIN? (Specify Yes or No.— 1	Olney  Ocation  Spring  10f. ZIP CODE  20906  DECENDENT OF HISPANIC s, specify Cuben, Mexican, i	TY, TOWN OR LC	10c. CI									
RESIDENCE OF DECEDENT To. STATE  TO. COUNTY  Maryland  Montgomery  Silver Spring  10. 2P CODE  109. CTIZEN OF WI  109. CTIZEN O	10d. INSIDE CITY LIMITS?  1  YES 2  NO  CITIZEN OF WHAT COUNTRY?  USA  14. RACE — American Indian, Black, White, etc. Specify: White	10g. CITIZE  USPIGIN? (Specify Yes or No	Spring  10f. ZIP CODE  20906  DECENDENT OF HISPANIC s, specify Cuben, Mexican, i	TY, TOWN OR LO	10c. CI		Montgomery General Hospita							
10s. STATE  10s. COUNTY  10s. STREET AND NUMBER  10 Finsbury Park Court  10 Finsbury Conditions  10 Finsbury Park Court  10 Finsbury Conditions  10 Finsbury College (Finsbury)  10 Finsbury College (Finsbury)  10 Finsbury College (Finsbury)  10 Finsbury College (Finsbury)  10 Finsbury College (Finsbury)  10 Finsbury College (Finsbury)  10 Finsbury College (Finsbury)  10 Finsbury College (Finsbury)  10 Finsbury College (Finsbury)  10 Finsbury College (Finsbury)  10 Finsbury College (Finsbury)  10 Finsbury College (Finsbury)  10 Fi	LIMITS?  1 X YES 2 NO  CITIZEN OF WHAT COUNTRY?  USA  14. RACE — American Indian, Black, White, etc.  Specify: White	PRIGIN? (Specify Yes or No.   14	Spring  10f. ZIP CODE  20906  DECENDENT OF HISPANIC s, specify Cuben, Mexican, i	,	- 1									
Maryland   Montgomery   Silver Spring   106. STREET AND NUMBER   107. ZIP CODE   109. CITIZEN OF WIN   107. ZIP CODE   109. CITIZEN OF WIN   107. ZIP CODE   109. CITIZEN OF WIN   107. ZIP CODE   107. WAS DECEMBER OF HIGH PARK OF HIGH PAR	LIMITS?  1 X YES 2 NO  CITIZEN OF WHAT COUNTRY?  USA  14. RACE — American Indian, Black, White, etc.  Specify: White	PRIGIN? (Specify Yes or No.   14	Spring  10f. ZIP CODE  20906  DECENDENT OF HISPANIC s, specify Cuben, Mexican, i	,	- 1	10a. STATE 10b. COUNTY								
Tile. STREET AND NUMBER  10. ZIP CODE  10. J	USA  14. RACE — American Indian, Black, White, etc.  Specify: White	PRIGIN? (Specify Yes or No.   14	10f. ZIP CODE  20906  DECENDENT OF HISPANIC s, specify Cuban, Mexican, I	Silver										
10 Finsbury Park Court   20906   USA	USA  14. RACE — American Indian, Black, White, etc.  Specify: White	PRIGIN? (Specify Yes or No.   14	20906 DECENDENT OF HISPANIC s, specify Cuben, Mexican, I			ntgomery								
18. MASTRAL STATUS   Never Married 2   Married 3   VIES 2   NO     VIES 2   NO     VIES 2   NO     VIES 2   NO     VIES 2   NO     VIES 2   VIES 2   NO     VIES 2	- 14. RACE — American Indian, Black, White, etc. Specify: White	PRIGIN? (Specify Yes or No - 14	DECENDENT OF HISPANIC s, specify Cuban, Mexican, I			THE POST OF SERVER.								
Never Married 2   Married 3   Married 3   Married 3   FORCES? 1   YES 2   No   FYES, GIVE WAR OR DATES   If yes, specify Cuben, Markean, Puerto Ricen, etc.)   Bleck, Specify Widowed 4   Divorced   FYES, GIVE WAR OR DATES   If yes, specify Cuben, Markean, Puerto Ricen, etc.)   Green on the first of the	Specify: White		s, specify Cuben, Mexican, I			11. MARITAL STATUS  1 Never Married 2 Married  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES								
In Never ware 2   ware was on dates   In Yes 2 X No Specify:   Specify	Specify: White	Jerto Mican, etc.)												
15. DECEDENT'S EDUCATION   15. DECEDENT'S EDUCATION   15. DECEDENT'S USUAL OCCUPATION   15. DECEDENT USUAL OCCUPATION   15. DECEDENT USUAL OCCUPATION   15. DECEDENT USUAL OCC	INDUSTRY		YES 21/2 NO Specify:											
Sepecify only highest grade completed)   Elementary/Secondary (0-12)   College (1-4 or 5+)   In-12   N/A   Lumber Sales   Pentagon Lumber			21				proed	3 Widowed 4 Div						
Elementary/Secondary (0-12)  1-12  N/A  Lumber Sales  Pentagon Lumber  18. MOTHER'S NAME (First, Middle, Last) Walter H. Dickhaut  19a. INFORMANT'S NAME (First, Middle, Last) Walter H. Dickhaut  19a. INFORMANT'S NAME (Type-Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  2021 Randolph Road, Silver Spring, Md.  20a. METHOD OF DISPOSITION 1	Lamban Ca	16b. KIND OF BUSINESS/INDUS	PATION	S USUAL OCCUP	16a. DECEDENT'S									
18. MOTHER'S NAME (First, Middle, Last)   Walter H. Dickhaut   18. MOTHER'S NAME (First, Middle, Meiden Surname)	Toumb and On		y most or working	use retired.)	life. Do NOT L									
18. MOTHER'S NAME (First, Middle, Last)   Walter H. Dickhaut   18. MOTHER'S NAME (First, Middle, Meiden Surname)	LIIMDAY LO	Pentagon Lur	S	r Sales	Lumbe	N/A		1-12						
Walter H. Dickhaut    19a. INFORMANT'S NAME (TyperPrint)   19b. MAILING ADDRESS (Street and Number or Rural Houte Number, City or Rown, State, Zip Code)							ficialie, Last)	17. FATHER'S NAME (First, I						
Barbara McCallum  2021 Randolph Road. Silver Spring. Md.  20a. METHOD OF DISPOSITION  1 in Burial 2 Cremation 3 Removal from State  4 Donation 5 Other (Specify)  21. EXCHATURE OF PUREVIAL BERNICE LICEOSEE  22. NAME AND ADDRESS OF FACILITY.  23. PART I. Enter the Assesses, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, of heart fellure. List only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  23. PART II. Other significant conditions, if any, leeding to immediate cause. The property of the conditions of the conditions of the condition of the conditio					ut	er H. Dickha	Walte							
Barbara McCallum  2021 Randolph Road. Silver Spring. Md.  202. MANE AND ADDRESS OF DISPOSITION (Name of commetery, cramatory or other place) of Heaven Cemetery  21 Donation 5 Other (Specify)  22 NAME AND ADDRESS OF FACILITY.  23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, of heert fellure. List only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):	Tin Code)	Mumber City or Trum State 7to C	met and Mumber or Dent Box	C ADDRESS (SI	105 MARIN		Tomo/Drint)	10. INFORMANT'S NAME						
20a. METHOD OF DISPOSITION 1 is Buriel 2   Gremation 3   Removal from State 4   Donatton 5   Other (Specify)  21. SIGNATURE OF PUBLISH SERVICE LICEUSEE  22. NAME AND ADDRESS OF FIGURITY. Uneral Home 11800 N.H. Ave., Silver Spring,  23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, of heart fellure. List only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Due To (or as a consequence of):					200000000000000000000000000000000000000									
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22-NAME AND ADDRESS OF FACILITY.  11800 N.H. Ave., Silver Spring,  23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, of heert fellure. List only one cause on eech line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  C.  PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I.  PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I.  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  C.  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  C.  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  C.  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  C.  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):					1 kg Burial 2 Cremation 3 Removal from State office place)									
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23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, auch as cardiac or respiratory arreat, shock, or heert feiture. List only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):				1		Kinsh	in N	> V///						
shock, gifheert fellure. List only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  a. Consequence of:  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  CAUSE (Disease or injury that initiated events resulting in death) LAST  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):					the death De	amplications that sourced	4 NE /	22 DADT I Sater the						
disease or condition resulting in death)  a. Consequence of:  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):	arreat, Approximate Interval Between	Cardiac of respiratory arres	s mode or dying, addit a	not enter the	ch line.	ist only one cause on ee	neert fellure. Lis	shock, of						
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Ceuse, Enter UNDERLYING CAUSE (Disease or injury that infliated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  d.  PART II. Other significant conditione contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED?  1. June 17 June	9			OF):	CONSEQUENCE (	DUE TO (OR AS A								
that Initiated events resulting in death) LAST  d.  PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  24a. WAS AN AUTOPSY PERFORMED?	ļ						ING	ceuse. Enter UNDERLY						
PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I.  24a. WAS AN AUTOPSY PERFORMED?				OF):	CONSEQUENCE (	DUE TO (OR AS A	ury 1							
PERFORMED?	ļ						ST d	resulting in death) LA						
PERFORMED?						•								
	SY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	t I. 24a. WAS AN AUTOPSY PERFORMED?	rlying cause given in Pa	In the under	t not resulting	contributing to deeth bu	ant conditione	PART II. Other signific						
	COMPLETION DF CAUSE DF DEATH?	1 TYES 2 NO						ITTN						
<u>                                     </u>	1 D YES 2 NO	1					HSP							
25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)		1	00 DI AGE OF BEATH (0)	2			TO MEDICAL	25. WAS CASE REFERRED						
EXAMINER? HOSPITAL: OTHER:		only one)	TAL: OTHER:											
			***************************************	DA 4 Nursing Home 5 Residence 6 Other (Specify)										
(Month, Dey, Year) INJURY WORK?	OCCURED	Other (Specify)	Home 5 Residence 6	1	28h Ti		Pending	The state of the s						
2 Accident Investigation	OCCURED		Home 5 Residence 6 c. INJURY AT WORK?	ME OF 28c		(MORRIT, Dely, Tear)								
3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, Street and Number or Rural Riversity of Town, Street and Number or Rural Riversity of Town, Street and Number or Rural Riversity of Town, Street and Number or Rural Riversity of Town, Street and Number or Rural Riversity of Town, Street		Other (Specify) d. DESCRIBE HOW INJURY OCCU	Home 5 Residence 6 c. INJURY AT WORK? I YES 2 NO	ME OF 280	IN		Investigation	2 Accident						
4   Frantico Green Parises		Other (Specify) d, DESCRIBE HOW INJURY OCCU	Home 5 Residence 6 c. INJURY AT WORK? I YES 2 NO	ME OF 280	- At home, ferm,	28e. PLACE OF INJURY	Could not be	3 Suicide 6						
29s. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge death occurred at the time date and place and due to the cause(s) and manner so stated		Other (Specify)  d, DESCRIBE HOW INJURY OCCU  f. LOCATION (Street and Number of	Home 5 Residence 6 c. INJURY AT WORK? I YES 2 NO	ME OF 280	- At home, ferm,	28e. PLACE OF INJURY		• C • 1115						
	nber or Rural Route Number,	Other (Specify) d. DESCRIBE HOW INJURY OCCU  1. LOCATION (Street and Number of City or Town, State)	Home 5 Residence 6 C. INJURY AT WORK? I YES 2 NO office 2	ME OF JURY M 1	At home, farm,	28e. PLACE OF INJURY building, etc. (Special	Could not be determined	3 Suicide 6 4 Homicide						
	nber or Rural Floute Number, stated.	Other (Specify)     d. DE\$CRIBE HOW INJURY OCCU      LOCATION (Street and Number of City or Town, State)     the cause(a) and menner as stated.	Home 5 Residence 6  C. INJURY AT WORK?  YES 2 NO  office 2  data and place, and due to	ME OF 28c NJURY M 1 , street, fectory,	At home, farm,	26e. PLACE OF INJURY building, etc. (Special CIAN: To the best of my knowledge)	Could not be determined	3 Suicide 6 4 Homicide  29a. CERTIFIER 1 CERTIFIER						
20 LICENST AND TITLE OF CONTINUE AND TITLE OF CONTINUED	nber or Rural Route Number, stated. to the cause(a) and manner as stated.	Other (Specify)  d. DESCRIBE HOW INJURY OCCU  f. LOCATION (Street and Number of City or Town, State)  the cause(a) and manner as stated a, data and place, and due to the	J Home 5 Residence 6  C. INJURY AT WORK?  WORK?  VES 2 NO  office 2  data and place, and due to lon, death occured at the time.	ME OF 28c NJURY M 1 , street, fectory,	At home, farm,	28e. PLACE OF INJURY building, etc. (Special State). To the best of my knowlest: On the basis of examination	Could not be determined	3 Suicide 6 4 Homicide 29a. CERTIFIER (Check only one) 2 ME						
29b. SIGNATURE AND TITLE OF CERTIFIER  29c. LICENSE NUMBER  29d. DATE SIGNED	stated.  DATE SIGNED (Month, Day, Year)	Other (Specify)  d. DESCRIBE HOW INJURY OCCU  f. LOCATION (Street and Number of City or Town, State)  the cause(a) and manner as stated a, data and place, and due to the	J Home 5 Residence 6  C. INJURY AT WORK?  WORK?  VES 2 NO  office 2  data and place, and due to lon, death occured at the time.	ME OF 28c NJURY M 1 , street, fectory,	At home, farm,	28e. PLACE OF INJURY building, etc. (Special Control of the best of my knowled). On the basis of examination	COULD not be determined  TIFYING PHYSICIA DICAL EXAMINER:	3 Suicide 6 4 Homicide 29a. CERTIFIER (Check only one) 2 ME						
296. SIGNATURE AND TITLE OF CERTIFIER  296. SIGNATURE AND TITLE OF CERTIFIER  Arthur Schoengold. M.D.	stated.  DATE SIGNED (Month, Day, Year)	Other (Specify)  d. DESCRIBE HOW INJURY OCCU  f. LOCATION (Street and Number of City or Town, State)  the cause(a) and manner as stated a, data and place, and due to the	J Home 5 Residence 6  C. INJURY AT WORK?  WORK?  VES 2 NO  office 2  data and place, and due to lon, death occured at the time.	ME OF JURY M 1 , street, factory, rred at the time, ition, in my opinion	At home, farm, y)	28e. PLACE OF INJURY building, etc. (Special Control of the Basic of axamination of the Basic of Axamination of the Basic of Axamination of the Basic of Axamination of the Basic of Axamination of the Basic of Axamination of the Basic of Axamination of the Basic of Axamination of the Basic of Axamination of the Basic	COULD not be determined  ITIFYING PHYSICIA DICAL EXAMINER:  E OF CERTIFIEN  Schoen	3 Suicide 6 4 Homicide  29a. CENTIFIER (Check only one) 2 ME  29b. SIGNATURE AND TITLE  Arthur						
29b. SIGNATURE AND TITLE OF CERTIFIER  29c. LICENSE NUMBER  29d. DATE SIGNED	stated.  DATE SIGNED (Month, Day, Year)	d. DESCRIBE HOW INJURY OCCU  II. LOCATION (Street and Number of City or Town, State)  the cause(a) and manner as stated e, data and place, and due to the	office 2  And and place, and due to lon, death occured at the tire	ME OF JURY M 1  , street, fectory,  rred at the time, item, in my opinion, in my	At home, farm,  dge, death occur and/or investigat  TH (ITEM 27) (Typ	28e. PLACE OF INJURY building, etc. (Special Plans). To the best of my knowled to the best of my knowled to the best of examination and of the best of examination.  OCMPLETED CAUSE OF DEA	Could not be determined  THEYING PHYSICIA  DICAL EXAMINER:  E OF CERTIFIER  Schoen  F PERSON WHO C	3 Suicide 4 Homicide  29a. CERTIFIER (Check only one) 2 ME  29b. SIGNATURE AND TITL  Arthur  30. NAME AND ADDRESS (						

Hay Killed

transit permit. Pages 1, 2, 3 should

BALTIMORE, MARYLAND	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25 rouns after death. Page 6 may be retained by the hose	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached
S, BAL	within 24 nours after deat	pletely filled in by the fun
O. BOX 13146	certificate be executed v	ding physician and com
RECORDS, P.	w requires that the death	been signed by the atten
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TENDING PHYSICIAN: The la	OR: After this certificate has
DIVI	THE HOSPITAL OR AT	THE FUNERAL DIRECT

	1 - STATE REGISTRAR	STATE OF M		DEPAI					MENTAL	HYGIEN			
	1. OECEDENT'S NAME (First, Middle, Last) Leroy		Davi	s, Jr					MONTH	OF DEATH	٧	PRASY	3. TIME OF OEATH 9:33 A M
	4. SOCIAL SECURITY'NUMBER	5. SEX 6. AGE (In yrs. last birthday)						OF BIRTH		a. BIRTI	IPLACE (State or Foreign		
	212 20 1433	1 🔀 M 2 🗌 F	M 2 ☐ F 66 YRS. MONTHS DAYS HOURS MIN. (Month, Day, Ye. Oct. 17										
	9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY	, TOWN C	OR LOCATION	ON OF DE		. 1111		NTY OF D	
DIRECTOR	Shady Grove Adventist Hospital Rockville							mery					
E	10s. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d									10d, INSIDE CITY			
H	Maryland Mont	Rockville							LIMITS?  1 X YES 2 NO				
7	10e. STREET AND NUMBER 10f. ZIP CODE								WHAT COUNTRY?				
FUNERAL	1117 Clagett Driv					208	51			Uni	ted	States	
S	11. MARITAL STATUS	EVER IN U.S. A	RMED			ENDENT C	F HISPAN		? (Specify Yes		14. RAC	E — American Indian.	
	1 Never Married 2 Married	X YES 2 AR OR DATES	INO			2 X NO			orto Rican, atc.)  Black, White, etc.  Specify:				
ВУ	3 Widowed 4 Divorced	World W	War II				White				nite		
COMPLETED	15. DECEDENT'S ED (Specify only highest grad	UCATION de completed)	1 (	Give kind of	work done	OCCUPATION 18b. KINO OF BUSINES							
E	Elementary/Secondary (0-12)	College (1-4 or 5+	)	le. Do NOT		Montgo							
MP		4		Deput	y Sh	erif	f			Polic	e De	part	ment
8	17. FATHER'S NAME (First, Middle, Last)						18. MOTI		- (	Aiddle, Malden	Surname)		
BE	LeRoy Davis, Sr.	•						Em	ily		Ku	lmus	
0	19a. INFORMANT'S NAME (Type/Print)									er, City or Town			
-	Martha B. Davis			1117	Clag	ett	Driv	e, R	ockvi	ille,	Mary	land	20851
	20s. METHOD OF DISPOSITION 1   Burlal 2   Cremation 3   Removal from State other place)  20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place)									own, Stata			
	4 Densition 5 Other (Specify) Montgomery Crematorium, Inc. Bethesda, Maryland												
	21. SIGNATURE OF FUNERAL SERVICE L	JCENSEE /			22.	NAME A	ND ADDRE	SS OF FA	CILITY RO	bert	A. P	umph	rey Funeral
	· // /)	HA	M006	89	I I	ome/	ROCK	ATTI	e, II	Mary	land	est .	Montgomery 50-2805
CERTIFICATION	disease or condition resulting in deeth)  a. Mallignary for any a consequence of:  Due to (or as a consequence of):  Bue to (or as a consequence of):  b. Due to (or as a consequence of):  CAUSE (Disease or injury that initiated events resulting in deeth) I AST.  Due to (or as a consequence of):  Due to (or as a consequence of):												
CER	resulting in deeth) LAST												
MEDICAL	PART II. Other algnificant conditions contributing to deeth but not resulting in the					underlying ceuse given in Part I. 24a. WAS AI PERFO 1   YES				RMED?	24	b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
Σ									-				1 YES 2 NO
A	25. WAS CASE REFERRED TO MEDICAL			,		26. P	LACE OF E	EATH (Ch	eck only on	ie)			
Sic	EXAMINER?	HOSPITAL:	FR/Outpatient	3 K DOA	OTHE		ne 5 🗆 B	esidence	S 🗆 Othe	r (Snacity)			
PHYSICIAN:	27. MANNER OF DEATH	28a. DATE OF (Month, De	INJURY	28b. TI	1	28c. IN.	JURY AT ORK?		r -	SCRIBE HOW	INJURY O	CURED	
ED BY	2 Accident Investigation 3 Suicide 8 Could not be detarmined detarmined							281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
COMPLETED	conduction of the	SICIAN: To the beat of											(s) and manner as stated.
3	29b, SIGNATURE AND TITLE OF CERTIFI												
38 C	Donglas Q	Ricem	alex	100	5		29c. LIC	Z T	130	,	29d. DA	TE SIGNE	0 (Month, Day, Year)
5	Doublas R.	SHU/	MAKE	TEM 27) (7y)	pe, Print)	0	61	500	W. 1	LLE	76	3/10	SCY NO
	ADD 1 0 '90	32 REGISTRA	H'S SIGNATURE	nde 82									
	Pile I I	0											DHMH-18 Rev 1/

BALTIMORE

"ospital or attending physician. ND 21203-3146

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 ms. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, be filed within 72 hours after death with the State Dept. of Health and Mental Hygiens prior to burkal, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND M	IENTAL HYGIENE
-	REGISTRAR	CERTIFICATE OF DEATH	REG. NO.
-	SECENTIAL MARKE (Close Adjudge Local)		A DATE OF BEATH

	1 - STATE REGISTRAR	SIMIE UF I	MARTLAND C		ICATE				WEN IAL	REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)			(4)					2. DATE	OF DEATH			3. TIME OF DEATH.
	Peter	H. DeVri			es			April 6, 1990			PAR	12:45 PM	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. le		(Marth Day Van)			OF BIRTH		8. BIRTH Countr	IPLACE (State or Foreign		
	577 56 4123	1 🔀 M 2 🗌 F	89	YRS.	MONTHS	DAYS	HOURS	Min.	Feb.	4,190	)1		chigan
	9e. FACILITY NAME (If not institution, give a	treet and number)			9b. CITY, TO	OWN O	R LOCATIO	ON OF DE		-	_	NTY OF D	EATH
٤١	Suburban Hospital				Beth	nes	da				Mon	tgom	erv
Í	RESIDENCE OF DECEDENT												
DINECTOR	10e. STATE 10b. COUNT	٧			Y, TOWN DR			_					10d. INSIDE CITY LIMITS?
											1 YES 2 ND		
Engl	100. STREET AND NUMBER  101. ZIP CODE  109. CITIZEN OF WHAT COUNT 2000 Connecticut Avenue. N.W. #514  20008  United State												
	2000									States			
5	11. MARITAL STATUS  1 Never Married 2 A Married	12. WAS DECEDEN	TEVER IN U.S. A						HC DRIGIN n, Puerto F		or No— 14. RACE — American Indian, Black, While, stc.		
	3 Widowed 4 Divorced	IF YES, GIVE V	MAR OR DATES		1 [	YES	2 (X ND	Specify	y:			Spec	White
	15, DECEDENT'S EDU	CATION	16a. D	DECEDENT'S	USUAL OCC	UPATIO	N		16b	KIND OF BUS	SINESS/INI	DUSTRY	WIIICC
اۃ	(Specify only highest grade Elementary/Secondary (0-12)			(Give kind of the Do NOT us	work done dur se retired.)	ing mos	it of working	g					
COMPLE	- Chillientally Succitionly (0-12)	5	" In:	forma	ation Specialist				Department of Agriculture				
5	17. FATHER'S NAME (First, Middle, Lest)						18. MOTI	HER'S NA	ME (First, A	liddie, Meiden	Surneme)		
	Thomas	DeVries					Ye	ltje	9	Van d	der M	leer	
20 00	19a. INFORMANT'S NAME (Type/Print)									oer, City or Tow			20008
-	Catherine O. DeVr	ies		2000	Conne	cti	cut .	Aven	ue,	N.W.#5	14 W	ashi	ngton,D.C.
	20a. METHOD OF DISPOSITION 1 Duriel 2 Commention 3 Rem	norm State	other i	Disce)	SITION (Name						CATION -		
	4 Donation 5 Other (Specify)	Donetton 5 Other (Specify) Montgómery Crematorium, Inc. Bethesda, Ma						-					
	21. SIGNATURE OF FUNERAL SERVICE LI												
	16	A	M006	89	Wis	SCO	nsin	Ave	., B	vy Cha ethesd	la, M	d. 2	0814-3501
HILICATION	Interval Batween Onset and Daath  Interval Batween Onset and Daath  Due To (OR AS A CONSEQUENCE OF):  Due To (OR AS A CONSEQUENCE OF):  Due To (OR AS A CONSEQUENCE OF):  Due To (OR AS A CONSEQUENCE OF):  Due To (OR AS A CONSEQUENCE OF):  Due To (OR AS A CONSEQUENCE OF):  Due To (OR AS A CONSEQUENCE OF):										Onset and Daath		
ן ני		d											
MEDICAL	Diabetes nellites 1 PERFORMED?							b. WERE AUTOPSY FINDINGS AMAILABLE PRIDT TO COMPLETION DF CAUSE OF DEATH?  1 YES 2 ND					
ξ	25. WAS CASE REFERRED TO MEDICAL EXAMINER?						ACE OF D	EATH (Ch	eck only on	10)			
5	1 YES 2 NO	HOSPITAL:	☐ ER/Outpatient	3 🗆 DOA	OTHER:		• 5 □ R	esidence	8 🗌 Othe	r (Specify)			
PHISICIAN	27. MANNER OF DEATH	28a. DATE O (Month)	F INJURY Day, Year)	28b, TIN	E OF 2	Bc. INJ WO	URY AT		28d. DES	CRIBE HOW	INJURY O	CURED	
-	1 Natural 5 Pending 2 Accident Investigation				M		rES 2 [	NO					
	3 Suicide 6 Could not be 4 Homicide determined	3 Suicide 6 Could not be 28. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural City or Town, State)							Route Number,				
COMPLEIED	CONDUCTORING TO THE CONTROL OF THE C	ER: On the basis of											(e) and manner ee stated.
	29b. SIGNATURE AND TITLE OF CENTIFIC	iR					29c. LIC	ENSE NU	MBER		29d. DA	TE SIGNE	D (Month, Day, Year)
0 00	John	سف		m	5		D	05	32	417		4-	-> -90
-	30. NAME AND ADDRESS OF PERSON WI	HO COMPLETED CAI	USE OF DEATH (IT	TEM 27) (Type	, Print)	2_1	92	w	150	ens	10	DR.	The sala
	31. DATE FILED (Month, Day, Year)	32. REGISTR	AR'S SIGNATURE		<u></u>		)						
	APR 1 0 '90	Fulia Da	Hidron Ran	delle									

# - W

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - FOR STATE REGISTRAR	ATE OF MARYLAI	ND / DEPARTM			MENTAL HYGII				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH			TIME OF DEATH	
	WILLIAM  4. SOCIAL SECURITY NUMBER  5. SE		LLING-1 yrs. last birthday) IF U	4AN	IF UNDER 24 NRS.	7. DATE OF BIRTH	04 9	-	CE (State or Fore)	М
	VI OCONIA DESCRIPTI NOMBER	M 2 □ F 60	MON	1	HOURS MIN.	(Month, Day, Year	- 6	Country)		gn
	9a. FACILITY NAME (If not institution, give street and	d number)	9b.	CITY, TOWN O	R LOCATION OF DE	ATH	9c. COUNTY			
DIRECTOR	4838 PARK AVE CHEVY CHASE MONTGO									7
HE I	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10c									
	MD MONTGO	MERY CHEVY CHASE						1 ☑ TES 2 ☐ NO		
FUNERAL	4838 PARK A	AVE		101.	20811			US A		
3	11. MARITAL STATUS 12. W	AS DECEDENT EVER IN U		ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Year or No. 14. RACE						
	IF	ORCES? 1 🕰 YES YES, GIVE WAR OR DAT	2 NO If yes, specify Cuban, Maxican, Puerto Rican, etc.) Black					Specify:	/hita, stc.	- 1
D BY		959-1962				1 300 000 000		Whit	е	
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade complete	ited)	(Give kind of work of	ia. DECEDENT'S USUAL OCCUPATION  (Give kind of work done during most of working life. Do NOT use retired.)  16b. KIND OF BU				TRY		
PLE	Elemantary/Secondary (0-12) Colle	ege (1-4 or 5+)	Court Ren			Self F	mployed	I		- 1
NO	17. FATHER'S NAME (First, Middle, Last)		7777	02002	18. MOTHER'S NAI	ME (First, Middle, Mai				
BE C	William H. Dilling	gham, Jr.			Dorot	thy Russe	11			- 1
	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING ADO	RESS (Street a	nd Number or Rural F	Route Number, City or	Town, State, Zip Co	ode)			
임	Anne Leslie White		19317 F	oinset	ta Ct.,(	Gaithersb	urg, Md	. 20	879	
	20a. METHOD OF DISPOSITION 1 ☐ Burial 2 X Cremation 3 ☐ Removal from	om State	PLACE OF DISPOSITIO				LOCATION — Cit			
	4 Donation 5 Other (Specify)	Met	tropolitar				lexandr	ia,	Virgini	a
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	2000	1		D AODRESS OF FA					- 1
	musch	5/14		2222	Wisconsi	in Ave., N			on,D.C.	
	23. PART LEnter the diseases, or complishock, or heart fallure. List or	cations that caused to	the daath. Do not e	nter the mo	de of dying, auci	h es cerdiec or re	apiretory arres	it,	Approximate Interval Bet	
	IMMEDIATE CAUSE (Final	1 - 7							Onset and I	Daath
	disease or condition resulting in death)  a. A S P H Y Y A  OUE TO (OR AS A CONSEQUENCE OF):									E
_	Acres									A I
o	Sequentially list conditions, If any, leading to immediate  ACUTE  ACUTE  ACUTE									
SA	ceuse. Enter UNDERFLYING									
E	that initiated events DUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	resulting in death) LAST									
ALC	PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Pert i. 24s. WAS AN AUTOPSY PERFORMED?									
5							3 2 (ANO	CC	MILABLE PRIOR TO OMPLETION OF CA F DEATH?	
Ä									YES 2 NO	/
PHYSICIAN: MEDIC										
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOS	SPITAL:	01	26. PL HER:	ACE OF DEATH (Ch	eck only one)				_
YSI	1 Ø YES 2 □ NO 1 □ I	Inpetient 2 - ER/Outpet	tlent 3 DOA 4	Nursing Hom		8 Other (Specify)				_
표	27. MANNER OF DEATH  1 Notural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF		RK?	28d. DESCRIBE HO		RED		
B	2 Accident Investigation	04 04 9 28a. PLACE OF INJURY -	0			IN BE		- Dural Bou	to Mumber	$\dashv$
	3 Suicida S Could not be 4 Homicide datarmined	building, etc. (Specif	(y)	i, motory, orno		City or Town, S	tate)	nurer noor	ur rumosi,	- 1
	29a. CERTIFIER			W W V						
COMPLETED	(Check only one)  1 CERTIFYING PHYSICIAN: 1  2 MEDICAL EXAMINER: On 1								nd menner aa ste	ted.
8	29b. SIGNATURE WIND TITLE OF CERTIFIES 7	11	(20)		29c. LICENSE NUI					
8	Ale 6/1	Mull	us		DATA G C	/	▶ 4	17/4	fonth, Day, Year)	
2	36. NAME AND ADDRESS OF PERSON WHO COM	PLETED CAUSE OF DEA	TH (ITEM 27) (Type, Prin	0	701017			4	<u></u>	
	FRANCIS C MAYC	E 8200	WBLONSI	V AUE	BETH	YESDA	MB.	208	14-312	2
	31. DATE FILEO (Month, Day, Year) APR 1 6 '90	32 REGISTRAN'S SIGNA Fulia Davidson	TURE Randoll					7		

al or attending physician. Di21203-3146 BALTIMORE, M

for use as the burial-transit permit. Pages 1, 2, 3 should

IMPORTANT: If Item 28 Is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be not

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 neurs after death. Page 6 may be in TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 we filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

DHMH-16 Rev 1/89

3. TIME OF CEATN

21203-3146

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BALTIMORE,	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within zerouns after death. Page 6 may b	
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	9	

STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

2. DATE OF DEATH RO 0420 a SEX 6. AGE (In yrs. lest birthdey) 7. DATE OF BIRTH (Mooth, Day, Year) 4. SOCIAL SECURITY NUMBER IF UNDER 1 YEAR IF UNDER 24 HRS 8. BIRTHPLACE (State or Foreign 72-03-633814-120 MONTHS DAYS HOURS MIN 82 Wisconsin 9c. COUNTY OF DEATN Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF OEATH WASHINGTON ADVENTIST HOSP. PARK TAKOMA MONTGOMERY DIRECTOR RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION PRINCE GEORGE 10d. INSIDE CITY GREENBELT MD 1 X YES 2 NO permit. 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 4 J RIDGE ROAD 20770 as the burial-transit or artending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No-14. RACE American Indian, Black White) etc. FORCES? 1 YES 2: yes, specify Cuban, Mexicen, Puerto Ricar 1 Never Married 2 Married 1 YES 2 TONO Specify BY 3 Widowed 4 Divorced White COMPLETED 15. OECEOENT'S EQUICATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind at work done during most of working) 16b. KIND OF BUSINESS/INDUSTRY 8 (Specify only highest grade complete (Give kind of work done life, Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 1/12 2 Years Real Estate Appraiser 17 FATHER'S NAME (First Middle Leet) 18. MOTNER'S NAME (First, Middle, Meiden Surname) George Prescott Davis Minnie Kring 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 3901 Foxhill Dr. Ellicott City, Brian Davis director, page pe 20a. METHOD OF DISPOSITION
1 G-Burlel 2 Cremetion 3 G
4 Donation 5 G Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION -- City or Town, State must George Washington Cemetery Adelphi, examiner 21. SIGNATURE OF 22. NAME AND ADDRESS OF FACILITY Hines/Rinaldi 11800 New Hamp. Ave. S.S. Md. 250 medical eases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, 23. PART I. Enter the Approximata 2 wart failure. List only one cause on each line. Interval Between 9 Onset and Death IMMEDIATE CAUSE (Finel cremation. the myocardial infaretin disease or condition resulting in death) reule event, DUE TO (OR AS A CONSEQUENCE OF) and com traumatic CERTIFICATION Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF) 0 the attending physician Mental Hygiene prior to cause. Enter UNDERLYING CAUSE (Disease or Injury or other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST Injury, PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE by and shows any been signed t. of Health a 1 TYES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: has be Dept. 23 25, WAS CASE REFERRED TO MEDICAL 28. PLACE OF OEATH (Check only one) certificate h item **EXAMINER?** HOSPITAL: OTHER: 1 | YES 2 | NO 1 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Nome 5 Residence 8 Other (Specify of the 27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year) 28d. DESCRIBE NOW INJURY OCCURED 28c. INJURY AT WORK? marked, 26b. TIME OF this c 1 M Natural 5 Pending Investigation 1 YES 2 NO After 1 BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28 18 a Could not be COMPLETED DIRECTOR: after 4 🔲 Homicide hours Hem 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the lime, data end place, and due to the cause(a) and manner as stated. TO THE HOSPITAL OF TO THE FUNERAL D be filed within 72 ho 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) BE 209799 orrell 4-8-90 2 unner 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) 10 NAMORRILL C. QUINNAM JEND 11120 NEW HAMPSHIRE AVE SILVER SPRING, MD 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE 20902 9'90 Julia Davidson Randalle OHMH-16 Rev 1/89

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

PLEASE TYPEWARITE OR PRINT WITH BALL POINT PEN 35 ALL COPIES WILL BE LEGISLE.

20, 11377

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

0

BALTIMORE, MARYLAND 21203-3146	after death, Page 6 may be retained by the hospital or attending physician.	y ure unfector, page 3 should be detached for use as the durial-trainsk permit, fra. noval.	cal examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After mis certaincate has been signed by the attending physicial and completely lined in burier of the flue with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO.									
1. DECEDENT'S NAME (First, Middle, I	Lest)				2. DATE OF DEATH	DAYYEAR	3. TIME OF DEATH		
JOHN PI	HILIP DEAN				April 7	1000	1:44 Р. м		
4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. lest birthd	ley) IF UNDER 1.1	F UNDER 24 HRS.	7. DATE OF BIRTH	8. BIRT	HPLACE (State or Foreign		
578-30-4012	1 🕅 M 2 □ F	66 YR	S. MONTHS S	MYS HOURS MIN,	SEPT. 1,		MD.		
9a. FACILITY NAME (If not institution,				OWN OR LOCATION OF DI	EATH	9c. COUNTY OF			
St. Mar	y's Hospital		Lec	nardtown		St. M	ary's		
10e. STATE 10b. CC		10c.	CITY, TOWN OR	LOCATION			10d. INSIDE CITY LIMITS?		
MD. SI	. MARY'S CO.		HOLLY	WOOD			1 TYES 2 X NO		
10e. STREET AND NUMBER				10f. ZIP CODE			WHAT COUNTRY?		
RT. 3, BOX 20				20636		U.S.A			
11. MARITAL STATUS 1 Never Married 2 Married 3 X Widowed 4 Divorced	12. WAS DECEDENT F FORCES? 1 K IF YES, GIVE WAR	YES 2 NO	H y	S DECENDENT OF HISPAI es, specify Cuban, Mexica YES 2 XNO Specif	in, Puerto Rican, etc.)	Spe	CE — American Indian, ck, White, etc. city:		
15. DECEDENT'S	EDUCATION		IT'S USUAL OCC		16b. KIND OF E	USINESS/INDUSTRY	Alithia		
(Specify only highest Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind life. Do NO	f of work done dur OT use retired.)	ing most of working					
12TH. GRADE		DISI	PATCHER			CRETE CO.			
17. FATHER'S NAME (First, Middle, Las ALBERT LEVI DEA					MARY EVA				
19e, INFORMANT'S NAME (Type/Print)		19b. MAII	ING ADDRESS (	Street and Number or Flural					
LINDA A. SIEVER				446, HOLLYW					
20a. METHOD OF DISPOSITION 1 1 Buriel 2 Cremetion 3 C	Demont from State	20b. PLACE OF DIS	SPOSITION (Name	of cemetery, cremetory or	20c.	LOCATION — City or	Town, State		
4 Donation 5 Other (Specify)	THE STATE OF THE S	ST. JOH		HOLIC CEME		HOLLYWOOD	·		
21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY MATTINGLEY—GARDINER FUNERAL HOME, P.A. P.O. BOX 270, LEONARDTOWN, MD. 20650									
23. PART I./Enter the diseeses	, or complications that o	aused the death. I					Approximete		
'ehock, or heart fell iMMEDIATE CAUSE (Finel disease or condition resulting in death)	e. Meta		Bru	chosen	re Ca	- Char	interval Between Onset end Death		
Sequentielly list conditione, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (O	R AS A CONSEQUENCE	E OF):	·					
	d								
PART II. Other significant con-	ditione contributing to d	eath but not result	ing in the Und	erlying cause given in	PERI	AN AUTOPSY COMMED?	No. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		
OF MAC CASE DECEDOES TO ACCOUNT	PAL I			As Bi Ann an an an					
25. WAS CASE REFERRED TO MEDIC EXAMINER?	HOSFITAL:		OTHER:						
1 TYES 2 NO	1 37npatient 2 1	ER/Outpatient 3 DO		eg Home 5 🗌 Residence		W INJURY OCCURED			
1 Natural 5 Pending	(Month, Day,		INJURY M	WORK?	Zou, Describe No	W INJURY OCCURED			
2 Accident Investigat 3 Suicide 6 Could n 4 Homicide determin	28e. PLACE OF building, et	INJURY — At home, fac. (Specify)	orm, street, factor	y, office	26f. LOCATION (Sire City or Town, St	et and Number or Rura ste)	d Route Number,		
cond only	PHYSICIAN: To the best of m						o(s) and manner as stated.		
296. SIGNATURE AND TITLE OF CER	MI L	S		29c. LICENSE NU D 091		29d. DATE SIGNI	SIIS S		
30. NAME AND ADDRESS OF PERSO	ON WHO COMPLETED CAUSE	OF DEATH (ITEM 27)	(Type, Print)	•	·				
Youngs	ik Moon, M.I		wood, M	đ.					
31. DATE FILED (Month, Day, Year) APR 1 0 '9	32. REGISTRAR	S SIGNATURE	do 00_						

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFIC	CATE OF	DEATH	REG. NO.			
	1. DECEOENT'S NAME (First, Middle, Last) LOUIS	FRANKL	IN	EVANS		2. DATE OF DEATH	- 9	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 577-20-9707	1 🔀 M 2 🗆 F		F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year) SEPT. 7,	8. Bit Cod	RTNPLACE (State or Foreign unitry) IARYLAND	
TOR	Shady GOUL Ad RESIDENCE OF DECEDENT	fae		CKVILLE	EATN	ec. COUNTY OF DEATH MONTGOMERY			
DIRECTOR	MARYLAND MO	NTGOMERY	100	TOWN OR LOCAT HEATON	ION			10d. INSIDE CITY LIMITS? 1 YES 2 NO	
FUNERAL	100. STREET AND NUMBER 12711 HELEN	ROAD		101	2090	6	10g. CITIZEN OF WH		
B	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 X YES IF YES, GIVE WAR OR D 1935-1939		If yes, sp		IIC ORIGIN? (Specify Yee on, Puerto Ricen, etc.)	В	ACE — American Indien, leck, White, etc. pecify: WHITE	
COMPLETED	15. DECEDENT'S EOU (Specify only highest grade Elementery/Secondary (0-12)		18e. DECEDENT'S US (Give kind of wor life. Do NOT use	SUAL OCCUPATION done during more during dur	ON st of working	16b. KIND OF BUSI	NESS/INDUSTR	r	
MPL	9		TAXI DR	IVER			COMPAN	Y	
	17. FATHER'S NAME (First, Middle, Last) LEWIS EVANS				20.012.00	ME (First, Middle, Malden S			
) BE	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Street a	MARGAR nd Number or Rural	ET LON Route Number, City or Town,	1.0	,	
2	PEGGY S. McGREEVY					GAITHERSBUR	RG, MAR	YLAND 20878	
	26g METHOD OF DISPOSITION  1  Burlel 2  Cremation 3  Rem 4  Donation 5  Other (Specify)	G	ATE OF DISPOSIT	HEAVEN	CEMETER		ATION - City of VER SPR	r Town, State ING, MARYLAND	
	21. SIGNATURE OF PUMERAL SERVICE LI	SENSEE /	4	FRANC		CLITY LLINS FUNER	RAL HOM		
	23. PART . Enter the diseases or ahock, or heart feliure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)	EPIDERMON	ech line.	t enter the mo	de of dying, auc	CAL CORDS	atory arrest,	Approximate intervel Batween Onset and Death	
CERTIFICATION	Sequentially list conditions, If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  C. DUE TO (OR AS A CONSEQUENCE OF):								
	PART II. Other aignificent condition	na contributing to death !	out not reaulting in	the underlyin	g cause given in			24b. WERE AUTOPSY FINDINGS	
4: MEDICAL	CHRONIC ORS	TRUCTIVE PL	LLMONAR	y DB4	AGE	PERFORM 1 [] YES 2		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES NO	
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:								
PHYSICIAN:	1  YES 2 NO  27. MANNER OF DEATN  1 Netural 5  Pending	1 Inpatient 2 ☐ ER/Out		OF 28c. INJ	URY AT	8 Other (Specify)  28d. DESCRIBE NOW IN	JURY OCCURED	,	
TED BY	2 Accident investigation 3 Suicide 8 Could not be determined  28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify)  28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)							ral Route Number,	
COMPLETED	29e. CERTIFIER (Check only one)  1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, end due to the cause(e) end menner as stated.  2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date end piece, and due to the cause(e) end menner as stated.								
TO BE	296. SIGNATURE AND TITLE OF CERTIFIE  296. SIGNATURE AND ADDRESS OF PERSON W	sown M	10		29c. LICENSE NUI	MBER	≥ 4	NEO (Month, Day, Year)	
	31. DATE FILEO (Mortifi, Dey, Yeer)	20 CUN M	NATURE 27) (Type, P	8 P4x	SICAMIS	LANE R	SCKVIL	LEMD 20800	
	APR 09'90	Fichia Davidson	Randoll			,			

BALTIMORE, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours attue earth seath. Page if may TO THE FUNERAL DIRECTIOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director is be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remove. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must

whed for use as the burial-transit permit. Pages 1, 2, 3 should

ospital or attending physician. EAND 21203-3146

DHMH-18 Rev 1/89

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to be a seen within 25 hours after death with the State Tent. of Health and Mental Honleine prior to build. Cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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		CER	TIFIC	ATE OF	DEA	н		REG. NO.			
1. DECEDENT'S NAME (First, Middle, Las	st)							OF DEATH			3. TIME OF DEATH
MEGAN E	EDWARDS	!					ADD		າ 1990	YEAR	9.43 A
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last birti	thday) IF	UNDER 1 YEAR	IF UNDER	24 HRS.	7. DATE	OF BIRTH	19911	6. BIRTH	IPLACE (State or Foreign
221-70-7213	1 🗆 M 2 🔯 F			THS DAYS	HOURS	MIN,		n, Day, Year)		Count	ry)
		19 <b>'</b>						27-70	La asu		laware
9a. FACILITY NAME (If not institution, give	e atreet and number)		96	. CITY, TOWN O	R LOCATI	ON OF DE	ATH			NTY OF D	
THE JOHNS_HO	PKINS HOSP	ITAL	B	ALTIMO	RE				BAL.	TIMO	RE
RESIDENCE OF DECEDENT  10e, STATE  10b, COU	NTV	100	On CITY TO	OWN OR LOCAT	ION						10d. INSIDE CITY
		100									LIMITS?
	'airfax		<u>A1</u>	exandr					,		1 TYES 2 NO
10e. STREET AND NUMBER				10f.	ZIP COD	E			10g. CIT	IZEN OF	WHAT COUNTRY?
8840 Walutes C	ircle				223	09			U	.S.A	
11. MARITAL STATUS		EVER IN U.S. ARMED	)					? (Specify Yes	or No-	14. RAC	E — Americen Indien, k, White, etc.
1 📉 Never Merried 2 🗌 Merried	IF YES, GIVE W	TYES 2 NO		1 TYES				Ricen, etc.)		Spec	elfy:
3 Widowed 4 Divorced	1			}							White
15. DECEDENT'S E (Specify only highest gra	DUCATION wife completed)	16e, DECEO	DENT'S USU	JAL OCCUPATIO	N et of weeki	107	16b	KIND OF BUS	BINESS/INI	DUSTRY	
Elementary/Secondery (0-12)	College (1-4 or 5 +	ilfe. Do	NOT use re	done during mos tired.)	St OF WORK	Ŋ					
12th		9	Stude	nt				Sch	001		
17. FATHER'S NAME (First, Middle, Last)					16. MOT	HER'S NA	ME (First, i	Middle, Malden	Surname)		
Myles W. E	ldwards				R	enda	[J]	Edward	0 /	Nec.	Ward)
19e. INFORMANT'S NAME (Type/Print)	MATAS	T 10h 111	All INC AD	DRESS (Street e							walu)
	11 1 /22										
Mrs. Brenda W. E	awards (Mo						ALex	-			
20e. METHOD OF DISPOSITION 1 ☐ Burlel 2 ∑∑ Cremellon 3 ☐ R	emoval from State	20b. PLACE OF E other place)							CATION -		
4 Donation 5 Other (Specify)		Silver	rbroo	k Ceme				Wil	ming	ton,	Delaware
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE			22. NAME AN				Homes			
HARDUR	11/20	4.00	-						D 1		
	110	11.10	777	New	Cast	Te &	СТа	ymont,	DeT	awar	
23. PART I. Enter the disease, o shock, or heart feilur	re. List only one ceu	t ceused the deeth. se on each line.	i. Do not	enter the mo	de or dy	ing, euc	n as cer	nec or reep	ratory er	reet,	Approximate Interval Between
IMMEDIATE CAUSE (Finei	N 1- Na-000-	10	2000	-/			10	1			Onset and De
resulting in death)	. CARI	OF AS A CONSEQUE	CKES	1/H	Tro	IEA	1210	N			5/ minu
	DUE TO	(OR AS A CONSEQUE									1 /
			NCE OF):						_		
	- MUL	TI-ORG	MV	5457	EM	F	-AI	LURE	-		2 day
Sequentielly list conditions, if eny, leading to immediate	b. MUL	TI - ORG	NCE OF):	5457	EN	F	FAI	LURE	un.		2 day
if eny, leading to immediate cause. Enter UNDERLYING	b. MUL	TI-ORG	NCE OF):	5457	EN	F	-A1	LURE	,		2 day
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if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events recuiting in deeth) LAST	b. MUL DUE TO c. SEVER DUE TO	TI-ORG (OR AS A CONSEQUE REPLACE (OR AS A CONSEQUE REVING	ENCE OF):	SYST PAL MMUN	PN	EUI EFI	HON CIE	LURE VIA ENCY	AUTOPSY RMED?	24	AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
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If eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events recuiting in deeth) LAST  PART II. Other significent conditions and the conditions are significent conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigated investigated and the conditions are conditions. So with the conditions are conditions.  29. CERTIFIER (Check only one)  2 MEDICAL EXAMINER.	b. DUE TO DUE TO C. SEVER DUE TO DUE	(OR AS A CONSEQUEING CONSEQUEI	DOA 4  The property of the pro	26. PL  THER: Nursing Hom F 26c. INJ W 1   1   1   1   1   with the time, dete	Cause  Ca	GUI  GEATH (Ch. esidence No	Part I.  Part I.  Cock only or  Solution  281. LOCAL  City  to the cattime, date	24a. WAS AN PERFORM 1 DE YES 2  ATION (Street or Fown, State)  CATION (Street or Fown, State)  use(s) end me	AUTOPSY MED?  IN IN IN IN IN IN IN IN IN IN IN IN IN I	ccured or or Rural sted.	ANALABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  1 YES 2 NO  Route Number,
If eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events recuiting in deeth) LAST  PART II. Other significent conditions and the conditions are significent conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigated investigated and the conditions are conditions. So with the conditions are conditions.  29. CERTIFIER (Check only one)  2 MEDICAL EXAMINER.	b. DUE TO C. SEVER DUE TO d. UNDE tione contributing to  HOSPITAL: 1 Sinpatient 2  28e. DATE OF (Month, D) d  1YSICIAN: To like best of ending.	(OR AS A CONSEQUEING CONSEQUEI	DOA O O O O O O O O O O O O O O O O O O	26. PL  MMU/A  the underlying  28. PL  THER: Nursing Hom  Nursing Hom	CACE OF E  CACE OF E	given in  DEATH (Ch.  saidence  NO  No  n, and due  red at the	Part I.  Part I.  Solution of the cattern of the ca	24a. WAS AN PERFORM 1 DE YES 2 24a. WAS AN PERFORM 1 DE YES 2	AUTOPSY MED?  IN IN IN IN IN IN IN IN IN IN IN IN IN I	or or Rural inted. TE SIGNE	ANALABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  1 YES 2 NO  Route Number,  (e) end menner ee stelect  O (Month, Day, Year)
If eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events recuiting in deeth) LAST  PART II. Other significent conditions are significent conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigated Investigated Investigated 4 Could not determined.  29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER)  29b. SIGNATURE AND TILL OF CERTIFIER	b. DUE TO C. SEVER DUE TO d. UNDE tione contributing to  HOSPITAL: 1 Sinpatient 2  28e. DATE OF (Month, D) d  1YSICIAN: To like best of ending.	(OR AS A CONSEQUEING CONSEQUEI	DOA O O O O O O O O O O O O O O O O O O	26. PL  MMU/A  the underlying  28. PL  THER: Nursing Hom  Nursing Hom	CACE OF E  CACE OF E	given in  DEATH (Ch.  saidence  NO  No  n, and due  red at the	Part I.  Part I.  Solution of the cattern of the ca	24a. WAS AN PERFORM 1 DE YES 2 24a. WAS AN PERFORM 1 DE YES 2	AUTOPSY MED?  IN IN IN IN IN IN IN IN IN IN IN IN IN I	or or Rural inted. TE SIGNE	ANALABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  1 YES 2 NO  Route Number,  (e) end menner ee stelect  O (Month, Day, Year)
If eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events recuiting in deeth) LAST  PART II. Other significent conditions are conditionally as a significant conditional	b. DUE TO C. SEVER DUE TO d. UNDE tione contributing to  HOSPITAL: 1 Ninpatient 2  28e. DATE OF (Month, D) d  1YSICIAN: To like best of extensions  AINER: On the beste of extensions  32. REGISTRA  32. REGISTRA	(OR AS A CONSEQUEING CONSEQUEI	DOA O 1 (18b. TIME O INJURY), farm, street occurred a patigation, I Res. Ph. 2, (7) (7) (9) Ph. 4	26. PL  MMU/A  the underlying  28. PL  THER: Nursing Hom  Nursing Hom	CACE OF E  CACE OF E	given in  DEATH (Ch.  saidence  NO  No  n, and due  red at the	Part I.  Part I.  Solution of the cattern of the ca	24a. WAS AN PERFORM 1 DE YES 2 24a. WAS AN PERFORM 1 DE YES 2	AUTOPSY MED?  IN IN IN IN IN IN IN IN IN IN IN IN IN I	or or Rural inted. TE SIGNE	ANALABLE PRIOR TO COMPLETION OF CAUSI OF DEATH?  1 YES 2 NO  Route Number,

FOR 1 - STATE REGISTRAR	STATE OF MARYLA		TMENT OF			YGIENE EG. NO.				
1. DECEDENT'S NAME (First, Middle, Last)		-			2. DATE OF			3. TIME OF DEATH		
Lester K	. Everngam				MONTH 3	18	90	8:15 p		
4. SOCIAL SECURITY NUMBER		In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF I	DIRTH	8. BIRT	THPLACE (State or Foreign		
215-14-3650	1_ M 2   F	84 YRS.	MONTHS DAYS	HOURS MIN.	(Month, De 4 27		Cour	aryland		
9e. FACILITY NAME (If not institution, give a	treet end number)	0 1	9b. CITY, TOWN	OR LOCATION OF			COUNTY OF			
	a1		East	on			Talt	oot		
10e. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOC					10d. INSIDE CITY LIMITS?		
	roline		the state of the s	ralsbu	rq			1 YES 2 NO		
106. STREET AND NUMBER				OI. ZIP CODE		10g.	CITIZEN OF	WNAT COUNTRY?		
Dion Road				21632			U.S.A			
10e. STREET AND NUMBER  Dion Road  11. MARITAL STATUS  1 Never Merried 2 Married  3 Widowed 4 Divorced	12. WAS OECEOENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 3NO	If yes, t	CENDENT OF HISP pecify Cuban, Mexi- S 2 NO Spec	can, Puerto Rice		Spe	CE — American Indian, ock, White, etc.		
						C1 II A C ( C a )		ıcasian		
15. DECEDENT'S EOU (Specify only highest grade Elamentary/Secondary (0-12)  5 gr.  17. FATHER'S NAME (First, Middle, Last)		16s. OECEOENT'S (Give kind of life. Do NOT u	WSUAL OCCUPAT work done during r se retired.)	ION post of working	16b. K#	ID OF BUSINES:	S/INDUSTRY			
5 gr.	none	Farmer				Farmi	ng			
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N	AME (First, Midd	le, Maiden Surnai	me)			
Peter T. Ever	ngam			Id	a High	utt				
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	AOORESS (Stree	and Number or Rura	I Route Number,	City or Town, Stell	e, Zip Code)			
Sallie Everng	am	Rt.	2 Box	208A.	Feder	alsbu	ra, N	ID 21632		
20e. METHOD OF DISPOSITION 1- Burlel 2 □ Cremetion 3 □ Rem	206	PLACE OF DISPO		emetery, crematory o		20c. LOCATIO				
4 Donation 8 Other (Specify)		oncord	Cemete	erv		Dento	n Ma	arvland		
21. IIIGNATURE OF PUMERAL BERVICE LA		No		AND ADDRESS OF	JERAC-	Harrie	RA	1		
Reaction	01 L		-125	,2 1				121624		
23. PART I. Enter the diseases, or shock, or heart failure.	complications that caused List only one cause on e		not antar tha n	oda of dying, a	ich as cardiac	or raspirator	y arreat,	Approximate Interval Between		
IMMEDIATE CAUSE (Final	:- I - Committee							Onset and Dest		
disease or condition resulting in death)	e. TYELO	FIBR	0515					3 VEAK		
	DUE TO (OR AS A	CONSEQUENCE O	F):							
	h									
Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE O	F):							
cause. Enter UNDERLYING CAUSE (Disease or injury	C.									
that initiated evente	DUE TO (OR AS A	CONSEQUENCE O	F):							
resulting in death) LAST	d									
DARK II OM - I - III A III -										
PART II. Other significant condition	e contributing to death b	ut not resulting	in the underly	ng cauae given	in Part I. 24	PERFORMEO?		4b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
					1	YES 2 N	0	OF DEATH?		
								1 YES 2 NO		
25. WAS CASE REFERRED TO MEDICAL			26.	PLACE OF OEATH (	Check only one)					
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH	HOSPITAL:  1 Inpetient 2 ER/Outs	estient 3 DOA	OTHER:	me 5 🗆 Residenc	a 8 Other (S	neclfy)				
27. MANNER OF DEATH	28s. DATE OF INJURY	28b. TIR	AE OF 28c. 1	JURY AT	_	BE HOW INJUR	Y OCCUREO			
	(Month, Day, Year)			YES 2 NO						
2 Accident investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	M 1 YES 2 2  28e. PLACE OF INJURY — At home, ferm, atreet, factory, office building, etc. (Specify)					28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
					1					
TOTOGR OTHY	ICIAN: To the best of my know	ledge, death occur	red at the lime, de	te end place, and d	ue to the cause(	e) end manner a	s stated.			
one) 2 MEDICAL EXAMINI	ER: On the basis of examination	n and/or investigati	on, in my opinion	death occured at t	he Ilma, date en	i place, and due	lo the ceue	e(e) and manner as stated.		
	R / c			29c. LICENSE N	UMBER	29d	. OATE SIGN	ED (Month, Day, Year)		
C. W	Pracu			200		•	2	9/90		
30. NAME AND ADDRESS OF PERSON WI				1 3 5 6			7 (	11,00		

DOVER

Eststan,

rid

2160

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

31. DATE FILED (Month, Day, Year)
MAR 2.1 190

32. REGISTRAR'S SIGNATURE

wha Davidson-Randell

DIVISION OF VITAL RECORDS, P.O. BOX 13146,	BALTIMORE, MARYLAND 21203-3146
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within as after death. Page 6 may be retained by the hospital or attending physician.	ins after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely limed in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	imed in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages on, or removal.
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	he medical examiner must be notified at once.

31. DATE FILEO (Month, Day, Year)
APR 12

1 - STATE REGISTRAR	STATE OF MARY	CERTIFIC	CATE OF	DEATH	REC	a. NO.			
1. DECEDENT'S NAME (First, Middle, Last	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	J, . Y_IANE	EWELL.	2. DATE OF DE MONTH 0 4	^TO8 900	YEAR 3.	т19e:0} 7eAth 3 17 Д м	
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	E (In yrs. lest birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIR (Month, Day,	Year)	8. BIRTHPLA Country)	CE (State or Foreign	
218-14-2464  9e. FACILITY NAME (If not institution, give		04	9b. CITY, TOWN	OR LOCATION OF DE	07/30/		MARYI NTY OF DEAT		
DORCHESTER GENE			CAMB	RIDGE	DORCHESTER				
MARYLAND DO	RCHESTER		TOWN OR LOCAL				10d. INSIDE CITY LIMITS?  1X YES 2 NO		
10e. STREET AND NUMBER	16	01. ZIP CODE 21613		10g. CITI	10g. CITIZEN OF WHAT COUNTRY?				
210 RAMBLER R  11. MARITAL STATUS  1 Never Married 2 X Merried	R IN U.S. ARMED		CENOENT OF NISPAN pecify Cuben, Mexica		U.S.A 14. RACE — Black, W	American Indian.			
3 Widowed 4 Divorced	IF YES, GIVE WAR OR			S 2 NO Specify			Specify: WHITE/CAUC.		
15. DECEDENT'S ED (Specify only highest grad Elementery/Secondery (0-12)	College (1-4 or 5+)	(Give kind of wo	irk done during m		18b. KINO	OF BUSINESS/IND	DUSTRY		
11 th grade		GLASS & S	EAL OP				MANUE	ACTURER	
17. FATHER'S NAME (First, Middle, Last)  JOHN T. MARS	HALL			18. MOTHER'S NA MARY	LYONS	Maiden Sumeme)			
19e. INFORMANT'S NAME (Type/Print)  MRS. BEVERLY JON	EC (DAUCHTED			end Number or Rural				1612	
20a. METHOD OF DISPOSITION  Buriel 2 Cremetion 3 Re		20b. PLACE OF DISPOSIT		ROAD, CAN		MAKYLA 20c. LOCATION —		State	
4 Donetlon 5 Other (Specify)		other place) DORCHESTER	MEMOR	TAT. PARK		CAMBRID	GE. MA	ARYLAND	
21. BIGNATURE OF FUNERAL SERVICE	MEDICIEE A	MOO 718		AND ADDRESS OF FA					
23. PART I. Enter the disbases, or	r complications that cause. Liet only one cause on	ed the deeth. Do no eech line. Car	CURR 308 of enter the m diac A	AN FUNERA HIGH STRE	AL HOME	BRIDGE.	MD .	21613 Approximate interval Between Chestran Merch 1	
23. PART I. Enter the disease, or shock, or heert fellure IMMEDIATE CAUSE (Final disease or condition	r complications that cause on b. Liet only pne cause on DUE TO (OR AS DUE TO (OR AS C.	ed the deeth. Do no eech line. Car	CURR 308 of enter the m diac A	AN FUNERA HIGH STRE hode of dying, suc rrest	AL HOME	BRIDGE.	MD .	21613 Approximate interval Between Chestral Merett E	
23 PART L Enter the disease, or shock, or heert fellure immediate cause (Final disease or condition resulting in deeth)  Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	s	sed the deeth. Do not eech line. Car  O ( ) Car  S A CONSEQUENCE OF):  S A CONSEQUENCE OF):	CURR 308 of enter the m diac A	AN FUNERA HIGH STRE Hode of dying, suc rrest  AS	AL HOME SET CAN the ea cerdiec o	BRIDGE.	24b. WE AM CO	21613 Approximate interval Between the ward to the several y	
23. PART I. Enter the diseases, or shock, or heert feilure immediate CAUSE (Final disease or condition resulting in deeth)  Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST  PART II. Other significent conditions.	b. DUE TO (OR AS d. DUE	sed the deeth. Do not eech line. Car  On the Car  S A CONSEQUENCE OF:  S A CONSEQUENCE OF:  S A CONSEQUENCE OF:	CURR 308 of enter the m diac A	AN FUNERA HIGH STRE Hode of dying, suc rrest  AS	AL HOME SET. CAN the ea cerdiec o	TBRIDGE r respiratory eri respiratory eri	24b. WE AM CO	Approximate interval Between Officeral Between Officeral Serveral y Several	
23 PART I. Enter the diseases, or shock, or heert fellure immediate CAUSE (Final disease or condition resulting in deeth)  Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST  PART II. Other significent conditions and the cause of the cause	T complications that cause. Liet only one ceuse on S. Liet only one ceuse on DUE TO (OR AS D. DUE TO (OR AS	sed the deeth, Do not eech line. Car  O ( ) Car  S A CONSEQUENCE OF):  S A CONSEQUENCE OF):  In but not resulting in	CURR 308 of enter the m diac A:  : : : : : : : : : : : : : : : : : :	AND ADDRESS OF FA  AN FUNERA HIGH STRE Hode of dying, suc rrest  AS  AS  AS  AS  AS  PLACE OF OEATN (Ch  when 5 - Residence NUMBER AT A CH  ROTHER AT  FORKY	Part I. 24a.	MAS AN AUTOPSY PERFORMED?	24b. WE AW CO OF	Approximate interval Between Officeral Between Officeral Serveral y Several	
23. PART I. Enter the discusses, or shock, or heert feilure immediate CAUSE (Final disease or condition resulting in deeth)  Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in deeth) LAST  PART II. Other significent conditions in the condition of the conditions in the condition of the conditions in the condition of the c	T complications that cause. Liet only one cause on S. Liet only one cause on DUE TO (OR AS D. DUE TO (OR AS	BA CONSEQUENCE OF):  The but not resulting in the but not resulting in	CURR 308 of enter the m diac A:  : : : : : : : : : : : : : : : : : :	AND ADDRESS OF FA AN FUNERA HIGH STRE Hode of dying, suc rrest  AS  AS  AS  PLACE OF OEATN (Ch wime 5   Residence NJURY AT ORKY VES 2   NO	Part I. 24a.  1 Deck only one)  8 Describe	WAS AN AUTOPSY PERFORMED? YES 2 NO	24b. WE AM CO OF 1 [	Approximate interval Between Pressure Autopsy Findings and Approximate Several years and Approximate Autopsy Findings and Able Prior to Martin De Cause Ocath?  Yes 2 No	
23. PART I. Enter the diseases, or shock, or heert fellure immediate cause (Final disease or condition resulting in deeth)  Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in deeth) LAST  PART II. Other significent conditions in the condition of the cond	b. DUE TO (OR AS  d. DUE TO (OR AS	sed the deeth. Do not eech line. Car car car car car car car car car car c	CURR 308 of enter the m diac A:  : : : : : : : : : : : : : : : : : :	AND ADDRESS OF FA AN FUNERA HIGH STRE Hode of dying, suc rrest  AS  AS  AS  AS  PLACE OF OEATN (Ch  PLACE OF OEATN (Ch  TORKY  YES 2 NO  Ice  The end place, end due  The end place, and due	Part I. 24a.  1   1   1   1   1   1   1   1   1   1	WAS AN AUTOPSY PERFORMED? YES 2 \( \text{NOW INJURY OC} \) (Street and Number n, State)	24b. WE AW CO OF 1 [	Approximate interval Between Original Between Original Provide Several y Sev	
23. PART I. Enter the diseases, or shock, or heert feilure in the property of	Tomplications that cause. Liet only one ceuse on s. Liet only one ceuse on b. Due to (or as b. Due to (or as c. Due to (or as d. Due to (or as	sed the deeth. Do not eech line. Car car car car car car car car car car c	CURR 308 of enter the m diac A:  : : : : : : : : : : : : : : : : : :	AND ADDRESS OF FA AN FUNERA HIGH STRE Hode of dying, suc rrest  AS  AS  AS  AS  PLACE OF OEATN (Ch  PLACE OF OEATN (Ch  TORKY  YES 2 NO  Ice  The end place, end due  The end place, and due	Part I. 24a.  1   1   24a.   1   1   24d.	WAS AN AUTOPSY PERFORMED? YES 2 \( \text{NO} \) NOW INJURY OC.  (Street and Number n, State)	24b. WE AM CO OF 1 [	Approximate interval Between Oriest and Exercity Severally Severally Successful Priority Findings are autopsy find	

03-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13149, BALLIMOHE, MARKET	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 murs after death. Page 6 may be retailed	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 sh. and be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burfal, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	TO THE	TO THE be filed	IMPOR

i	FOR STATE REGISTRAR		STATE OF I	MARYLAND	/ DEPAF	RTMENT OF	HEALTH OF DEA	AND I	MENTAL	HYGIENI REG. NO.	E		
	1. DECEDENT'S NAME (First,	Middle, Last)								OF DEATH			3. TIME OF OEATH
	MIKE	FEI	DMAN						MONTH	RIL 5	, 199	O YEAR	8:00 PM M
	4. SOCIAL SECURITY NUMB	ER	5. SEX	6. AGE (In yrs.	iast birthday)	IF UNDER 1 YE	AR IF UNDI	R 24 HRS.	7. DATE	OF BIRTH	T	8. BIRTHE	PLACE (State or Foreign
	498-09-743	32	1 😡 M 2 🗌 F	81	YRS.	MONTHS DA	rs HOURS	MIN.		1, Day, Year)		Roma	
	9e. FACILITY NAME (# not in	stitution, give a	ive atreet and number)			9b. CITY, TOV	VN OR LOCAT	TION OF O	EATH			TY OF DE	
Œ.	Collingswo	od Nur	sing Cer	nter		Rock	ville				Mo	nton	mery
1 8	RESIDENCE OF DEC	EDENT									110	nego	mo 2 y
DIRECTOR	10a. STATE	10b. COUNTY			10c. CIT	TY, TOWN OR LO	CATION						10d. INSIDE CITY LIMITS?
	Missouri	St.	Louis		S	t. Loui	S						1 TYES 2 NO
IAL I	10e. STREET AND NUMBER						101. ZIP CO	DE			10g. CITIZ	EN OF W	HAT COUNTRY?
	#6 Millstone Campus Drive, #J109 63146							U	SA				
FUNERA	11. MARITAL STATUS		12. WAS OECEDEN	T EVER IN U.S.		13. WAS	DECENDENT , specify Cul	OF HISPAI	NIC ORIGIN	1? (Specify Yee Rican, etc.)	or No-	14. RACE Black,	American Indian,     White, etc.
ΒY	1 Never Married 2 3 Nidowed 4 Divo			MAR OR DATES	· ·		YES 2 X NO			,		Specifi	White
ED E		EDENT'S EDU	PATION	180	DECEDENT'S	USUAL OCCUI	ATION		1 405	. KIND OF BUS	INCOC/IND	LICTRY	MILLE
	(Specify only	y highest grade	completed)		(Give kind of life. Do NOT u	work done during	most of worl	dng	100.	. KIND OF BUS	HNESS/IND	USINI	
121	Elementery/Secondary (0	1-12)	College (1-4 or 5	+)		lesman				Life I	Incur	2200	
COMPLET	17. FATHER'S NAME (First, M	liddle, Last)			Ja.	resman	18. MO	THER'S NA	The second second	Middle, Meiden		ance	
Ö	Samuel F	e d dmar	1				111.50	Bes				htai	nable"
100	190. INFORMANT'S NAME (				19b. MAILING	G ADDRESS (Str	eet and Numb			ber, City or Town			парте
일	Philip Feld	man (s	ion) /	1	1062	1 Tanes	er La	ne.	Potom	nac MI	20	854	
	20e. METHOD OF DISPUSIT	ON	7/		E OF OISPO	SITION (Name of					CATION —		vn, State
	1 N Buriel 2 □ Crement 4 □ Donation 5 □ Donat		oval from State	Chev	ra Ka	disha (	Cemete	rv		Uni	versi	tv C	City, MO
	21, SIGNATURE OF FUNERIA		ENSEE /	1		22, NAM	E AND ADDR	ESS OF FA	CILITY	-			
	· / ]	in.	h /7										ELS, INC.
	23. PART J Enter the d	innien or	complications the	at named the	death Do								MD 20852
	ehock, or h	eeft Mure.	List only one ce	use on eech li	ina.	not enter the	mode of d	ymy, auc	JII VS CEIC	alac of Teapl	iatory arr	gat,	Interval Between
	IMMEDIATE CAUSE (Fir disease or condition	nel	No	natio	T	of F	cien	164					Onset and Death
1 1	resulting in death)	<b>→</b>	a. DUE TO	POLYCE DOR AS A GON	SEQUENCE O	DED:							9 mu
_		_	P	NO 540	te	Car	cer						10 yrs
CERTIFICATION	Sequentially list condit		DUE TO	OR AS A CON	SEQUENCE C								1
A	cause, Enter UNDERLY	ING	c.										
臣	CAUSE (Disease or Inju that initiated events	''y		OR AS A CON	SEQUENCE (	OF):							
ᇤ	resulting in death) LAS	T .	d										
	PART II. Other eignifice	ent condition	a contribution to	death but no	t resulting	In the under	lvina causa	alven to	Dort I	24a. WAS AN	AUTOREV	246	WERE AUTOPSY FINDINGS
SAL	1	1		douth but no	r reconning	m die diigei	lying cause	givon	1	PERFOR		1	AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDIC	The	mia	10.00	A 0					- 1	1   YES 2	NO 🖾		OF DEATH?
	hr	OMN	10 10 10	MIK.					_				1 TYES 2 NO
Z	Ar. 11110 0405 DEFENDED 3	n Menical											
PHYSICIAN:	25. WAS CASE REFERRED T EXAMINER?	O MEDICAL	HOSPITAL:	-1100000000		OTHER:	6. PLACE OF						
l⊀S	1 TYES 2 NO		1 Inputient 2	· · · · · · · · · · · · · · · · · · ·	3 LI DOA	4 🖾 Nursing	Home 5 -	Reeldence	-	SCRIBE HOW I	N NIEW OO	HIDED	
	~	Pending		Day, Year)	200. IN	JURY	WORK?		280, DE	SCHIBE HOW I	NJUHT OCC	JUNED	
à	2 Accident 3 Suicide	Investigation	26e, PLACE	OF INJURY — At	home, farm.				281, LOC	CATION (Street	and Number	or Rural R	loute Number
윤	4 Homicide	Could not be determined	building	, etc. (Specify)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, , , , , , , , , , , , , , , , , , , ,				or Town, State)			,
	29a. CERTIFIER , IXI CERT	TIEVING BUVE	CIAN: To the heat o	d my knowladaa	don'th norm		data and ala	an and du		unife) and ma		24	
COMPL	(Check only		CIAN: To the best of										) and manner as stated,
8	29b. SIGNATURE AND TITLE									F1000, 800			
B	A VA	A CENTIFIE	The re-	- my	)		29c. L	CENSE NU	/ /				(Month, Day, Year)
2	30. NAME AND ADDRESS O	E PERSON WI	IO COMPLETED CAL	ISE OF DEATH (	TEM 270 (Tue	na Print)	JV (	71/	10		I A	pril	6, 1990

, M.D., 3947 Ferrara Drive, Wheaton, Maryland
sz. REGISTRAR'S SIGNATURE
fulia Davidson Pondere

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Peter B.

31. DATE FILEO (Morth, Day, Year)

APR 6 90

Sherer,

PLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mous after death. Page 6 may be into THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be not

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH		HYGIENE REG. NO.
	2. DATE OF	DEATH

1 - FOR STATE REGISTRAR	TATE OF MARYLA	ND / DEPARTME			MENTAL	REG. NO.	E		
1. DECEDENT'S NAME (First, Middle, Last)		1			2. DATE	OF DEATH	γ ,	7EAR 3. 1	IME OF DEATN
Albert A.	Furr					il 2,		_	11:38 AM
	8EX 6. AGE (In 80	yrs. last birthday) IF UN YRS. MONTH	DER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	(Month	of BIRTN 1, Day, Year) 29,190		Country)	ngton, D.C.
9e. FACILITY NAME (If not institution, give street a				R LOCATION OF DE				Y OF DEATN	
Meridian Nursing & RESIDENCE OF DECEMENT	Rehabilitat	ion Center	Si	lver Spr	ing		Moi	ntgom	ery
10e. STATE 10b. COUNTY		10c. CITY, TOW						10d	. INSIDE CITY LIMITS?
Florida Browa	rd	North		rdale . zip code			10a CITIZE		YES 2 NO
8100 SouthWest 21st	Street		101	33317				SA	COUNTRY
	WAS DECEDENT EVER IN OF FORCES? 1 YES	2 NO	If yes, sp	ENDENT OF NISPAN scify Cuben, Mexica 2 NO Specify	n, Puerto F	? (Specify Yee Rican, etc.)	or No— 1	Black, Wh Specify:	American Indian, itie, etc.
15. DECEDENT'S EDUCATION (Specify only highest grade complete comp		(Give kind of work do	nne during mo id.)		16b.	KIND OF BUS	rieto	STRY	nire
17. FATHER'S NAME (First, Middle, Last)		Grocer		18. MOTHER'S NA	ME (First, A				
Mayer Fu	rr				(un				
19a. INFORMANT'S NAME (Type/Print)		C 1, 020 1 1 1 1 1 1		nd Number or Rural I					
Frances Kober (D				Ave; Si	lver				
20e. METHOD OF DISPOSITION    XX Burlal 2	from State	p <mark>LACE OF DISPOSITION</mark> other place) dean Memor					oation – ci Olney		
21. SIGNATUSE OF FUNERAL SERVICE LICENS			22. NAME A	O ADORESS OF FA					
14 lechout 1	Sugar			nsky-Gol					ls ryland 2085
23. PART i. Enter the diseases, of com									Approximata
shock, or heart fallure. Liet IMMEDIATE CAUSE (Final disease or condition resulting in death) s	CARDI	OPULM CONSEQUENCE OF):	ONAT	24 f	ARI	REST	_		Interval Batween Oneat and Daeth
Sequantially list conditions, if sny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Cerel	CONSEQUENCE OF):	Medisa	ela.	ac	nd	Leng		
PART ii. Other significant conditions of	ontributing to death bu	t not resulting in the	undarlyin	g cause given in	Part i.	24a, WAS AN PERFOR 1 YES 2	MED?	COL	RE AUTOPSY FINDINGS ILABLE PRIOR TO MPLETION OF CAUSE OEATH?  YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:	OT	26. P	LACE OF DEATH (Ch	neck only or	10)			
110	Inpatient 2 ER/Outpa	tlent 3 DOA 4 💢	Nursing Hon	ne 5 🗆 Residence	_		M II III W COC.	IDED	
1 🔀 Natural 5 🗌 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	W	JURY AT DRK? YES 2 NO	Zed. DES	SCRIBE NOW I	NJUNT OCCL	INEU	
2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY - building, etc. (Specif					ATION (Street or Town, State)	end Number o	r Rural Route	Number,
29e. CERTIFIER 1 SCERTIFYING PHYSICIAN MEDICAL EXAMINER: 0	n the basis of examination								d menner ee atated.
1994 INCHATURE AND TITLE OF CERTIFIER	M			29c, LICENSE NUI	MBER SA	4			, 1990
Dr. John J. Merend				e #216;	Rock	ville,	MD 2	0852	
APR 6 90	32 REGISTRAR'S SIGNA Julia Davidson	TURE							

the hospital or attending physician.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directors.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner memory according to noce
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·	FOR STATE REGISTRAR	STATE OF MARYLAND		TMENT OF			GIENE . NO.	70 11000		
	1. DECEDENT'S NAME (First, Middle, Lest)	TEBO FE	RNAND	Azol e	7.	2. DATE OF DEA MONTH 0 4	TH 0-5-90	year 3. TIME OF DEATH a.		
		SEX 6. AGE (tn yrs 8 4		IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRT	н	8. BIRTHPLACE (State or Foreign Couply) Spain		
OR	99. FACILITY NAME (If not institution, give street Suburban Hospita			эь. стту, тоw Ве	nty of DEATH Ontgomery					
DIRECTOR	RESIDENCE OF DECEDENT  10s. STATE  10b. COUNTY		10c. CITY	, TOWN OR LOC	ATION			10d. INSIDE CITY LIMITS?		
	Maryland Monto						1 🔲 1			
FUNERAL	20640 Hartsbour				2087			USA,		
BY FU	11. MARITAL STATUS  1 ☐ Never Merried 2 ☐ Merried  3 ☐ Wildowed 4 ☐ Divorced	ARMED NO	If yes,	ECENOENT OF HISPA: specify Cuban, Maxics S 2 NO Specif	in, Puarto Rican, el	lc.)	14. RACE — American Indian, Black, Whits, etc. Specify: Spanish			
	15. OECEDENT'S EDUCATION (Specify only highest grade com	pleted)		USUAL OCCUPA		16b. KIND C	OF BUSINESS/INC			
COMPLETED	Elementary/Secondary (0-12) Co	ollege (1-4 or 5 +)	me. Do NOT us	e raured.)						
	17. FATHER'S NAME (First, Middle, Lest)  Manuel Fernande	7				ME (First, Middle, A galena	,	0110.7		
BE	19a. INFORMANT'S NAME (Type/Print)		18b. MAILING	ADDRESS (Stree	and Number or Rural			-		
2	James Fernandez	(Son)	20640	0 Hart	sbourne	Way,	German	town, MD		
	20a. METHOD OF DISPOSITION  1	from State 20b. PLAC other De R1	E OF DISPOS place) .enzo	Funer	al Home	2	Donor	City or Town, Stata a, PA		
	21. SIGNATURE OF FUNERAL SERVICE LIDERS	Saont	leu	Snc	wden Fu kville,	neral H	Home,			
	23. PART I. Enter the diseases, or come shock of heert feilure. Liet iMMEDIATE CAUSE (Finel disease or condition resulting in death)	plicetions that caused the pnly one ceuse on each if	v en		node of dying, suc	ch es cerdisc Dr	respiratory sn	Approximate interval Between Onset and Death		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  b. As point in hearing the neurons of the property									
PHYSICIAN: MEDICAL	PART ii. Other significent conditions of	ontributing to death but no	t resulting i	in the underly	ng ceuse given ir	Р	AS AN AUTOPSY ERFORMED? YES 2 NO	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
. ME	Soule Lentin 1	the Alzhe	1.1.5	+1100		-		1 TYES 2 NO		
CIA	25. WAS CASE REFERRED TO MEDICAL	OSPITAL:	116.5	26.	PLACE OF DEATH (C	heck only one)				
IXSÍ		Inpetient 2 ER/Outpetient 28e. DATE OF INJURY		4 - Nursing H	ome 5 Residence					
	1 Netural 5 Pending	(Month, Day, Year)	28b. TIM	URY	NJURY AT YORK? YES 2 NO	280. DESCRIBE	HOW INJURY OC	CONED		
TED BY	2 Accident investigation 3 Suicide 8 Could not be 4 Homicide datarmined	28e. PLACE OF INJURY — At building, etc. (Specify)	home, farm, s	street, factory, o	fice	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
COMPLETED	onel -	N: To the best of my knowledge, On the basis of examination and/						nted. he cause(s) and menner as stated.		
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	When, Ma	>		DO /	192	29d. DAT	FE SIGNED (Month, Day, Year)		
F	30. NAME AND ADDRESS OF PERSON WHO CO	, MD 121	Cong	Primi Jessich	I Lone	Rich	ile, 1	4) wirz		
	31. DATE FILED (Month, Day, Year)  APR 6'90  APR 6'90  APR 6'90									

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THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25 minus	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in	burial,	
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	FOR 1 - STATE REGISTRAR	STATE OF MARYL		PARTMENT FIFICATE			MEN	ITAL HYGIEN REG. NO.	E		. , 0 0 0
	1. DECEDENT'S NAME (First, Middle, Last)	R. FE	G.F	7N		27		DATE OF DEATH	7 6	70	1230 M
	4. SOCIAL SECURITY NUMBER 578-07-2476	5. SEX 6. AGE (1)	In yrs. last birth	nday) IF UNDER MONTHS	DAYS	IF UNDER 24 HRS. HOURS MIN.	7. 0	Month, Day, Year)	16	Virgi	nia
	9a. FACILITY NAME (If not institution, give st	reet and number)				R LOCATION OF	DEATH	d la		TY OF DEAT	
[발	Washington	Adventist Ho	ospita.	1 Tak	oma	Park			MOnt	gomer	У
DIRECTOR	10a. STATE 10b. COUNTY	nce Georges	,	ty, town or location Adelphi					"	d. INSIDE CITY LIMITS? X YES 2 NO	
FUNERAL	2302 Seminole	Street			101	20783			10g. CITIZ		T COUNTRY?
₩	11. MARITAL STATUS 1 Never Married 2 Married 3 Nidowed 4 Divorced	12. WAS DECEDENT, EVER IN FORCES? 1 (A) YES IF YES, GIVE WAR OR DO WW 11 1941-1	- 11							American Indien, Thita, etc. White	
品	15. OECEDENT'S EDUC (Specify only highest grade	CATION	18a. OECEDE (Give kin	ENT'S USUAL OC	CUPATIO	ON st of working		16b. KIND OF BUS	SINESS/IND	USTRY	
COMPLET	Elementary/Secondary (0-12) 1-8th	College (1-4 or 5+) N/A	Sales	sman				Bordo	n Inc	.,	
	17. FATHER'S NAME (First, Middle, Lest)  Jessie Leonar	d Fagan				240000000000000000000000000000000000000		First, Middle, Meiden iddleton	Surname)		
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MA	JLING ADDRESS	(Street a	<u> </u>		Number, City or Tow	n, State, Zip	Code)	
욘	Marie A. Fagan							Adelphi,			
	20a. METHOD OF DISPOSITION 1 Disposition   2 Cremation   3 Removal from State   20b. PLACE OF DISPOSITION (Name of commetery, crematory or other place)   20c. LOCATION - City or Town, State   20c. LOCATION - City or Town,										
	21, SIGNATURE OF EGNERAL SERVICE LIC	Kinable						ineral H		ring,	Md. 20904
	23. PART I. Enter the diseases, or cahock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause on a	ach lina.						iratory arr	eet,	Approximata interval Between Onset and Death
NO	Sequentially list conditions,	b	Qual	pai	lan	٤					
CATI	If any, leading to immediate cause. Enter UNDERLYING										
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST										
	PART II. Other algnificant condition	a contributing to death b	out not resul	iting in the un	derlyin	g cause given	in Pari	I. 24s. WAS AN		AV	ERE AUTOPSY FINDINGS WAILABLE PRIOR TO
: MEDICA				-				1 🗆 YES	X NO	Of	OMPLETION OF CAUSE F DEATH?
PHYSICIAN:	25, WAS CASE REFERRED TO MEDICAL EXAMINERS	HOSPITAL:				ACE OF DEATH (	Check o	only one)			
YSIC	1 TYES 2 NO	Inpatient 2 - ER/Outp			ling Hom	e 5 🗆 Residenc	¥				
	27. MANUFER OF DEIATH  1 Natural 5 Pending	(Month, Day, Year)	28	b. TIME OF INJURY M	WC	IURY AT ORK? YES 2 NO	284	1. DEȘCRIBE HOW	INJURY OCC	CURED	
TED BY	2 Accident 3 Suicide 8 Could not be determined	28e. PLACE OF INJURY building, etc. (Spec	f — Al home, (	farm, street, lact	ory, offic	â	281	LOCATION (Street City or Town, State,		or Rural Rou	te Number,
COMPLETED	onel City	ICIAN: To the best of my know									nd manner as stated,
BE CO	29b. SIGNATURE AND TITLE OF CERTIFIE	7 0 0 0				29c. LICENSE N	UMBER	10	29d. DATI	1 1	Ignth, Day, Year)
10	30. NAME AND ADDRESS OF PERSON WH	10 COMPLETED CAUSE OF DE	EATH (ITEM 27)		1	223	74	3		4 16	140
								200	70		
	APR 0 9'90	Julia Davidson	_Arndal	e.							

Same of Similar

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 22-mours after death. Page 6 may be retained by the hospital or attending physician.  TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, a series of filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25-nours after death. Page 6 may be retained by the hospital or attending physician.
HE FUNERAL DIRECTOR: After this cardificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, a second led within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  **ORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	
ORTAN: if Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	HE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, and within 72 hours after death with the State Debt. of Health and Mental Hydiene prior to burial, cremation, or removal.
	ORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MA					EALTH AND I	MENTAL HYGIEN REG. NO		30 110	0 1
	1, DECEDENT'S NAME (First, Middle, Last)	ENE		FACTO	OR .			2. DATE OF DEATH DATE OF APRIL 6.	AY 1990	3. TIME OF DEATH	H M
	4. SOCIAL SECURITY NUMBER 219-18-4129	1 🗆 M 2/XF	B. AGE (In yrs. lest	"	IF UNDER 1	YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) MAY 16,	191	BIRTHPLACE (State or For Country)	
TOR	98. FACILITY NAME (If not institution, give s THE JOHNS HOPKIN RESIDENCE OF DECEDENT		L				MORE	EATH	TIMORE CITY		
DIRECTOR	10a. STATE 10b. COUNTY				TOWN OR					10d. INSIDE CITY LIMITS?  1 YES 2	
FUNERAL	100. STREET AND NUMBER 42 COLORA ROAD					101.	ZIP CODE 21918		10g. CITI	ZEN OF WHAT COUNTRY? USA	
BY FUN	11. MARITAL STATUS 1 Nover Married 2 Married 3 Widowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. AB FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES			MED  13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Origins)  14. Was pecify Cuben, Maxican, Puerto Ricen, etc., 1. Yes 2. NO. Specify:					or No-	14. RACE — American India Black, White, etc. Specify: WHITE	in,
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		(GA	EDENT'S I ve kind of w Do NOT use	USUAL OCC ork done dui retired.)	UPATIO	N at of working	18b. KIND OF BU	SINESS/IND		
OMP	UNKNOWN 17. FATHER'S NAME (First, Middle, Lest)		Н	OUS	EWIF	Ð	18. MOTHER'S NA	HOME  AME (First, Middle, Melden	Sumama)		
EARL RAGAN  199. INFORMANT'S NAME (RepulPrint)  190. INFORMANT'S NAME (RepulPrint)  190. INFORMANT'S NAME (RepulPrint)  190. INFORMANT'S NAME (RepulPrint)								Codel			
ք	MARK FACTOR							OWINGO, 1			
	20e, METHOD OF DISPOSITION  1	ovel from State	CHARLE CHARLE	DEM			netery, crematory or IETERY			City or Town, State	
	21. SIGNATURE OF FUNESIAL GENVICE LIE	Lul	//		22. N/	R.T	· FOAR	D FUNERA N, MARYL		ME	
	23. PART I. Enter the diseases, or shock, or heef feliure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a	caused the decision on each line.		ot enter ti					Peet, Approximatinterval Be Onset and 3 WC	etween
ATION	Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING	bDUE TO (C	OR AS A CONSEQ	UENCE OF	):						
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (C	OR AS A CONSEQ	UENCE OF	):						
MEDICAL	PART II. Other significant condition	e contributing to a	leath but not n	levt	n the und	ertying	couse given in	Part I. 24a. WAS AI PERFO	RMED?	24b. WERE AUTOPSY FR AWALABLE PRIOR COMPLETION OF C DF DEATH? 1 YES 2	CAUSE
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO	HOSPITAL:	FR/Outpatient 3	□ noa	OTHER:		ACE OF DEATH (C	8 Other (Specify)			
	27. MANNER OF DEATH  1 Netural 5 Pending	28a. DATE OF II (Month, De)	NJURY	28b. TIM		8c. INJI WO	URY AT RK?	28d. DE\$CRIBE HOW	INJURY OC	CURED	
2 Accident Investigation 3 Suicide 6 Could not be determined 4 Homicide determined								and Number	or Rural Route Number,		
OMPLET	cool only	15000						e to the cause(s) and ma			tated.
BE C											

BALTIMORE, MARYLAND

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HOPKINS

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

HOSPITAL,

32. REGISTRAR'S SIGNATURE

Granda Davidson Randall

JOHN

31. DATE FILED (MORIT, Day, Year)
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TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within Z4 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached and the complete of the	IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	FOR 1 - STATE REGISTRAR	STATE OF MARY		RTMENT OF			MENTAL HYGIENE REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH	VEAR	3. TIME OF DEATH			
	Katherine C. Fah	ey					MONTH BAN	90	1:15aм			
	4. SOCIAL SECURITY NUMBER	111111111111111111111111111111111111111	E (In yrs. last birthday)	MONTHS DAY		24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year) 07 28 03	6. BIF Co	RTHPLACE (State or Foreign untry)			
FUNERAL DIREC	212-38-5786	1 □ M 2 闵 F	87 YRS.						aryland			
r	9a. FACILITY NAME (If not institution, give str		1	9b. CITY, TOW			ATH	9c. COUNTY OF				
2	Frostburg Commun	ity Hospita		Fros	tburg,	MD		Allega	any			
HE	10e. STATE 10b. COUNTY		10c. C/1	TY, TOWN OR LO	CATION				10d. INSIDE CITY LIMITS?			
		egany	We	stern	The state of the s				1 Nes 2 No			
AA	104. STREET AND NUMBER				10f. ZIP CODE			P 1 - 1	F WHAT COUNTRY?			
NE I	147 Church St.	12. WAS DECEDENT EVER	DIN HE ADMED	12 WAS I	215	-	IC ORIGIN? (Specify Yes	U.S	• A ACE — American Indian,			
BY FU	1 Never Married 2 Married 3 Wildowed 4 Divorced	S 2 NO	If yea,		n, Mexicer	n, Puerto Ricen, etc.)	В	leck, White, etc.				
E	15. OECEDENT'S EDUC (Specify only highest grade of		16e. DECEDENT'S	USUAL OCCUPI	TION most of workin	ia.	16b. KIND OF BUS	INESS/INDUSTR	Υ			
	Elementary/Secondary (0-12)	College (1-4 or 5+)	IHe. Do NOT u	ise retired.)		9			1 1			
2	12	5+	School	ol Tea	may a series in the				High School			
	17. FATHER'S NAME (First, Middle, Last)						ME (First, Middle, Malden :	Surneme)				
	John E. Cosgro	ove	19b. MAILING	G AOORESS (Stre			Wagner Route Number, City or Town	, State, Zip Code	)			
2	William Determa	an	111	Frost	Av.	Fro	stburg, N	1d. 21	532			
	20e. METHOD OF DISPOSITION 1 Description 2 Comments of Temporary C		20b. PLACE OF DISPO					ATION - City o				
	4 Donation 5 Other (Specify)		Saint E					sternp	ort,Md.			
1	21. SIGNATURE OF FUNERAL SERVICE LIP	ENSER II		22. NAME	AND ADDRES	SS OF FAC	CILITY					
		Fredlock		P.O	. Box	4	Piedmont	Wv.	26750			
	23. PART i. Enter the diseeses, or c shock, or heert feilure. I			not enter the	mode of dyl	ing, suci	h as cerdiec or respir	ratory arrest,	Approximate Interval Between			
	IMMEDIATE CAUSE (Finel		1	, ,	2		<del>D</del>		Onset and Death			
	disease or condition resulting in deeth)	a. (W	Mac	U	ne	21	,					
	DUE TO (OR AS A CONSEQUENCE OFT)											
CERTIFICATION	Sequentielly list conditions, If any, leeding to immediate  D. D. D. L. L. L. L. L. L. L. L. L. L. L. L. L.											
3	cause. Enter UNDERLYING CAUSE (Disease or injury	(0)	0010	bronce	ohei	sedu	ce kinkds	201920	2			
	thet initiated events resulting in death) LAST	DUE TO (OP A	S A CONSEQUENCE	η: Γ) α /2 ·	,	25	81	, /				
EH	Todaking in could be a	. Union	re o	rixan	w &	vrai	n yngr	me_				
CAL	PART II. Other significant condition		h but not resulting	in the under	ying cause o	given in	Part I. 24s. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO			
_	- Confeet	use t	cent 9	failes	20		1 TYES 2	M NO	COMPLETION OF CAUSE OF DEATH?			
MED									1 TES 2 NO			
Z												
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	Notes a Filman	OTHER:	PLACE OF D							
PHYS	27. MANNER OF DEATH	28a. DATE OF INJUI		ME OF 28c.	INJURY AT	esidence	8 Other (Specify)  26d. DESCRIBE HOW II	NJURY OCCURE	0			
	1 Natural 5 Pending Investigation	(Month, Day, Yel	ur) IA	M 1	WORK?	] NO						
) BY	Accident investigation  3 Suicide 8 Could not be	28e. PLACE OF INJI building, etc. (	URY — At home, farm.	, street, factory,	office		281, LOCATION (Street a City or Town, State)	and Number or Ru	aral Route Number,			
	4 Homicide determined		, , , ,									
COMPLETED	29e. CERTIFIER (Check only one)  2   MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and menner as stated.											
8	296. SIGNATURE AND TITLE OF CERTIFIE	Tim	$\overline{}$		29c. LIC	ENSE NUI	MBER (16) 3	29d. DATE SIG	NED (Month, Day, Year)			
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETEO CAUSE OF	GO 200	ne, Print)	Lat-	111	estamo	+ m	20/2/5/10			
	31. DATE FILED (Month, Day, fear)	32. REGISTRAR'S S			44	A DE	The state of the s	1				
	ALK 1 % 1930	influedoon-Aan			-							

מולים וויסוון לוויסוון לאוס	vithin 24 mours after death. Page 6 may be retained by the ho	bletely filled in by the funeral director, page 5 should be detacl remation, or removal.	ent, the medical examiner must be notified at once
DIVISION OF VIEW PECCEDS, T.O. DOA 13149,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 years after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache he filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
5	TO THE HOSPITAL OR	TO THE FUNERAL DIRE	IMPORTANT: It Item

	1 - STATE OF I	WARYLAN	ID / DEPAR			LTH AND N	/ENTA	L HYGIEN REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) DAVID FATKIN						2. DATE MONT APRI	C OF OEATH D	1990	YEAR	3. TIME OF DEATH 7:50 a.m. M
	4. SOCIAL SECURITY NUMBER 5. SEX 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		rrs. lest birthday) YRS.	IF UNDER 1 YE	_	UNDER 24 HRS.	7. DATE (Mon	of BIRTH th, Day, Year) 10/22		a. BIRTH	PLACE (State or Foreign ) /LAND
2	THE JOHNS HOPKINS HOSPIT.			BALTI	MN OR L	OCATION OF DE			96. COUN BALTI	ITY OF DE	ATH
5	RESIDENCE OF DECEDENT										
DIRECTO	MARYLAND ALLEGANY			r, town or le DSTBUR		<u>                                     </u>			10d. INSIDE CITY LIMITS? 1 XYES 2 NO		
AL	10e. STREET AND NUMBER					10f. ZIP CODE					HAT COUNTRY?
E I	93 AVE ''A''			21532					U.	S.A.	,
BY FUNERAL	11. MARITAL STATUS  1 Never Merried 2 M Merried  3 Widowed 4 Olvorced  12. WAS DECEDENT EVER IN U.S. AF FORCES? 1 TYPES 2 IF VES GIVE WARFOR DATES			If ye	e, specif	DENT OF HISPAN y Cuben, Mexicer NO Specify	n, Puerto		or No—	14. RACE Black Specif	— American Indian, , White, etc.
COMPLETED E	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	Sa. DECEDENT'S (Give kind of v	USUAL OCCUI	PATION g most o	f working	16	b. KIND OF BU	SINESS/INO	USTRY	WILLI	
٦	Elementery/Secondery (0-12) College (1-4 or 5		(Give kind of work done during most of working the Do NOT use retired.)  IRE BUILDER				יבידי כ	יאדססי	ושדשי	D TIRE CO.	
N	17, FATHER'S NAME (First, Middle, Last)	TIME D	المتاراتيار		B. MOTHER'S NAI				31. TE1	DIINE W.	
ŏ	JOSEPH A. FATKIN			1			NE HIT		3		
BE	19e. INFORMANT'S NAME (Type/Print)	19b. MAILING	ADORESS (St	reet end i	Number or Rural F						
2	MRS. DAVID FATKIN		93 AVI	E. "A"	, FI	ROSTBUR	G. M	D 2153	12		
	20a METHOD OF DISPOSITION  1 X Burlel 2 Cremetton 3 Removal from State  4 Donetton 5 Other (Specify)	LACE OF DISPOS	F DISPOSITION (Name of cemetery, cremetory or 20c. LOCATION — City or Town, BURG MEMORIAL PARK FROSTBURG, MA								
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	/ FI	MOSTDOM			AODRESS OF FAC	CILITY				
	Marilon M. Se	owers		SOW	ERS	FUNERA	L HO	ME 60 FRO	W. MA STBUE	AIN S	STREET D 21532
	23. PART i. Enter the diseases, or complications the ehock, or heart felture. Liet only one call iMMEDIATE CAUSE (Finel disease or condition resulting in death)	use on eec	h iine.			,			Iratory err	est,	Approximete Interval Between Onset and Death
CERTIFICATION	disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease Dr Injury that Initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):										
PHYSICIAN: MEDICAL C	PART II. Other significent conditions contributing to the Manual Money Distributions of the Manual Money Distributions of the Manual Ma	m.	not resulting	in the under	rlying c	euse given in	Part i.	24a. WAS AN PERFO		24b	WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL			:	28. PLAC	E OF DEATH (Ch	eck only	one)			,
SIC	EXAMINER?  1 YES 2 10 1 2 Inpatient 2	☐ ER/Outpati	ent 3 🗆 DOA	OTHER:	Home	5 Residence	8 🗆 Ott	ner (Specify)			
	27. MANNER OF DEATH 28b. DATE O (Month,	F INJURY Day, Year)	28b. TIM	IURY	c. INJUR WORK		28d. Di	ESCRIBE HOW	INJURY OC	CURED	
ED BY		OF INJURY -	At home, farm,					281. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of MEDICAL EXAMINER: On the basic of										) end menner ee stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER					9c. LICENSE NUN					(Month, Day, Year)
BE	& Chandra		. 0		1	F92	3 /	(-	<b>&gt;</b>	4/	9/92
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAN	USE OF OEAT	H (ITEM 27) (Type	, Print)	400	1	n.T	0 1	2.04		11 10
	C Cilitaria	AR'S SIGNA	WRE COL	opni	777	PALA	pin	· /	ver	ma	emp.
	MINITA 1990		17.15.17								

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AND 21203-3146

BALTIMORE, MARYL

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-hours after death. Page 6 may be in TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be ma

1990

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	FOR STATE	STATE OF MA					MENTAL HYGIE	NE 1		11330
3	1 - STATE REGISTRAR  1. DECEDENT'S NAME (First, Middle, Last)			TIFICAT	E OF [	DEATH	REG. N			TIME OF DEATH
	Carlton Eugene				6-90 VEAR				м	
	4. SOCIAL SECURITY NUMBER 578-10-1014	1 🔀 M 2 🗌 F	. AGE (In yrs. liest birth	TRS. MONTHS	DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 04-10-	09 V	Vash.	ce (State or Foreign ington, D(
TOR TOR	9a. FACILITY NAME (If not Institution, give si 13000 Gershwin			9b. CIT		Location of Di		9c. COUNTY Mont	of DEATH	
FUNERAL DIRECTOR	10a. STATE 10b. COUNTY	gomery	104	Sil		Spring				I. INSIDE CITY LIMITS?
ERAL	13000 Gershwin		101. ZIP CODE 20904				JSA	COUNTRY?		
BY	11. MARITAL STATUS  1 Never Merried 2 Married  3 Widowed 4 Divorced  12. WAS DECEDENT EYER IN U.S. ARMIED FORCES? 1 YES 25 No IF YES, GIVE WAR OR DATES			13	13. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yea or No— If yea, specify Cuban, Mexican, Puerto Rican, etc.)  1 — YES X — NO Specify:				Black, WI Specify:	American Indian, hite, etc. White
BE COMPLETED	15. DECEOENT'S EOU (Specify only highest grade Elementary/Secondary (0-12)		16a. DECEDI (Give ki Ha. Do i	ent's usual ( ind of work done NOT use retired.	OCCUPATION during most )	t of working		GOV! +		nitation
E COM	12 17. FATHER'S NAME (First, Middle, Last) Calrton E. For	sythe S					ME (First, Middle, Maid	en Surname)	- Da	iii ca cion
0 B	198. INFORMANT'S NAME (Type/Print)  Carlton E. Forsythe III  190. MAILING ADDRESS (Street and Number or Flural Floute Number, City or Town, State, Zip Code)  13000 Gershwin Way, Silver Spring,									20904 MD
	20e. METHOD OF DISPOSITION 1 Separation 2 Cremetion 3 News	ovel from State	20b. PLACE OF D other place) Cedar	DISPOSITION (A	lame of ceme	stery crematory or	20c.	ocation - cit	y or Town,	State
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		22	Harde	Sty Fu		ome P.	Α.	
	23. PART i. Enter the diseases, or a shock, or heart failure.	complications that of List only one cause	caused the death.	Do not ente	er the mode	e of dying, suc	ch an cardiac or re	apiratory arres	t,	Approximate Interval Between Onset and Death
	disease or condition resulting in death)  e. Due to (or as a consequence of):									
TION	Sequentially list conditions, if any, leading to immediate  DUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa	c. DUE TO (O	PR AS A CONSEQUEN	HCE OF):	ale				-	
CERI	resulting in death) LAST	d								
MEDICAL	PART II. Other significant condition	s contributing to d	eath but not resul	iting in the u	anderlying	cause given in	PERI	AN AUTOPSY ORMED?	AM	RE AUTOPSY FINDINGS MILABLE PRIOR TO MPLETION DF CAUSE DEATH?
N: ME							_		1 (	YES 2 NO
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:	FR/Outputlant 3 🗆	OTHE	ER:	CE OF DEATH (C	8 Other (Specify)			
Y PHYSICIAN:	27. MANNER OF CEATH  1 Netural 5 Pending	28s. DATE OF IN (Month, Day.	LJURY 28	Ib. TIME OF INJURY	28c. INJU	HY AT	28d. OESCRIBE HO	W INJURY OCCU	RED	
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF building, et	INJURY — At home, ic. (Specify)	form, street, fo	, street, factory, office  28f. LOCATION (Street, factory, office)				Rural Route	number,
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYS	ICIAN: To the best of m								d manner as stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIE	7				29c. LICENSE NU	MBER 7/77	29d. DATE 5	SIGNED (MO	onth, Day, Year)
20 NAME AND ADDRESS OF DEDSTRIVEND COMPLETED CAUSE OF DEATH (ITEM 2D Care State)									· -	

MCKVILL

1	V.
*	y

	1 - STATE REGISTRAR	STATE OF MARYLA		CALL OF		MENTAL HYGIEN REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last Annie	Ford				2. DATE OF DEATH		3. TIME OF DEATH 5 53 P M		
	4. SOCIAL SECURITY NUMBER 222-05-4364	1 □ M 2 💢 F 91		MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH 47207189	8	S. BIRTHPLACE (State or Foreign Control dervill Md		
HO.	9a. FACILITY NAME (If not institution, give Memorial Hospital Residence of Decement			96. CITY, TOWN East	OR LOCATION OF DI	EATH	sc. COUNTY	of DEATH albot		
DIRECTOR	10e. STATE 10b. COUN	ienn Ann		ntervil			10d. INSIDE CITY LIMITS? 1 YES 2 X NO			
FUNERAL	Rt 1 315C				1. ZIP CODE 21617		OF WHAT COUNTRY?			
A B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO	If yes, st		NIC ORIGIN? (Specify Year, Puerto Rican, stc.) y:		RACE — American Indian, Black, White, atc. Specify: Black		
COMPLETED	15. DECEDENT'S ED (Specify only highest grader) Elementary/Secondary (0-12) Elementary 6th	UCATION le completed) College (1-4 or 5+)	16a. DECEDENT'S U (Give kind of wi life. Do NOT use domes	ork done during me retired.)		16b. KIND OF BU	SINESS/INDUST	RY		
COM	17. FATHER'S NAME (First, Middle, Lest)	AME (First, Middle, Maiden	Sumame)							
BE	Joseph Kilso	on (dec)	) Wilming 19b. MAILING ADDRESS (Street and Number or Rural F				t (dec	<u> </u>		
2	Lloyed Thomas Rt1 Box 315C Centerville Maryland									
	20a, METHOD OF DISPOSITION 1 IN Burlel 2 Cremation 3 Re 4 Donation 8 Other (Specify)		cation - city larydel	or Town, Stite Maryland						
	21. SIGHATURE OF FUHERAL SERVICE I	La Jun	1	22. NAME A		nus Funera Street Do		- 2		
CERTIFICATION	23 PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. List only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  d.									
: MEDICAL	PART II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I.  24a. WAS AN AUTOPSY PERFORMED?  AM  AM  TO YES 210 NO  TO DE									
BY PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28. P	LACE OF DEATH (CI	heck only one)				
IX	1 TYES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 ER/Outpa 26a. DATE OF INJURY		4 - Nursing Hor	me 5 🗆 Residence	8 Other (Specify)	IN RISK OCCUR	En.		
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJU	JRY W	ORK? YES 2 NO	286. OESCHIBE HOW	MOORT OCCUR	EU		
TED	3 Suicide 8 Could not b	28e. PLACE OF INJURY		treet, factory, offi	ce	28f. LOCATION (Street City or Town, State		Rural Route Number,		
O BE COMPLE	anal _	SICIAN: To the best of my knowle						suse(e) and menner as stated.		
BE C	296. SIGNATURE AND TITLE OF CERTIF	en over D	MO		29c. LICENSE NU		29d. DATE SI	GNED (Month, Day, Year)		
5	30. NAME AND ADDRESS OF PERSON V			Print)	/	776	1	110-		
10	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA	ASTO!	3.00	<i>y</i> .					
1	7 (50)71	III TUNAN	wyason-Ma	INCOR						

DHMH-16 Rev 1/89

ed for use as the burial-transit permit. Pages 1, 2, 3 should

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Hem 28 is marked, or Hem 23 shows any Injury, or other traumatic event, the medical examiner must be noted.

31. DATE FILED (Month, Day, Year)

6'90

32. REGISTRAR'S SIGNATURE

	FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR  CERTIFICATE OF DEATH  REG. NO.												
	1. OECEDENT'S NAME (First, Middle, Last) Heid Greis HEIDR					011220			MONT	4/1	1/9	YEAR	3. TIME OF DEATH PM
	4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. los $2/4 - 90 - 8688$ 1 $\square$ M 2 $\square$ F $2/7$					IF UNDER	DAYS	IF UNDER 24 HRS. HOURS MIN.	5/	OF BIRTH		MA	RYLAND
TOR	He FACILITY NAME (I not prelitation, give street and referber)  HOLY  REDIDENCE OF DECEDENT					Silver Spring Md Montgower					ranery		
DIRECTOR	10e. STATE 10b. COUNTY  MARYLAND MONTGOMERY				10c. CITY, TOWN OR LOCATION WHEATON			0				10d. INSIDE CITY LIMITS? 1 YES 2 NO	
FUNERAL	10e. STREET AND NUMBER  2606 FENIMORE ROAD							101. ZIP CODE 109. CITIZEN OF WHAT COUNTRY?  20902 USA					
B	11. MARITAL STATUS 1 Never Married 2  3 Widowed 4 Dive	Married	12. WAS DECEDENT EVER II FORCES? 1 VES IF YES, GIVE WAR OR D.	2 🔼		11	f yes, sp	ENDENT OF HISPAN scity Cuben, Mexica 2 NO Specify	NIC ORIGIN		or No-	14. RACE	— American Indian, k, White, atc.
TO BE COMPLETED		CEDENT'S EDU ly highest grade 0-12)		(G	. Do NOT us	work done d se retired.)	luring mo	St of working	16b	ACCOL			RM
COM	17. FATHER'S NAME (First, N FRANZ L.	diddle, Last)						18. MOTHER'S NA		Middle, Maiden	_		
100	19a. INFORMANT'S NAME (	Type/Print) GREIS	(FATHER)					ROAD, W	Route Num	ber, City or Tow	n, Stata, Ziç		20902
	20a METHOD OF DISPOSIT 1 ABuriel 2 Crematic 4 Donation 6 Other	on 3 🗆 Rem	oval from State	o. PLACE	OF DISPOS	SITION (Na	me of cer	netery, cremetory or ETERY		20c. LO	CATION -	City or To	
	21. SIGNATURE OF FUNERA	AL SERVICE UI				FR.	ANCI	S J. COL	LINS	FUNEF	AL H	OME,	INC.
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart fellure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Onset and Death  ICCOLY j												
PHYSICIAN: MEDICAL CERTIFICATION	Sequentielly list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST										6 weeks		
	PART II. Other significa	ant condition	ne contributing to death t	out not	resulting	in the un	derlyln	g cause given in	Part I.	24e. WAS AMPERFO	RMED?	24b	. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 \( \square\) NO
ICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:												
	1 VES 2 NO 1 Anner of OEATH 28a. DATE OF INJURY (Month, Day, Year)  Natural 5 Pending Investigation				3 DOA 4 Nursing Home 5 Residence 28b. TIME OF ROUND WORK?  M 1 YES 2 NO			6 ☐ Other (Specify)  28d. DE\$CRIBE HOW INJURY OCCUREO					
TED BY	1 Decident					home, farm, street, factory, office				28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
COMPLETED	29s. CERTIFIER (Chock only one)  29s. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.  29s. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.												
BE	296. ANOSIATURE AND TITLE OF CERTIFIER DULY MY 290, LICENSE NUMBER 291. DATE SIGNED (Mgrit), Day, Your) > 4/3/90												
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print)  BRUCE A. SILVER, M.D. 2101 MEDICAL PARK DRIVE #211 STIVED SERVIC MD 20002												

F 11592

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3. TIME OF DEATH

FUNERAL

21203-3146

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BALTIMORE

REG. NO.

Pages 1, 2, 3 should permit. burial-transit ospital or attending physician. use as the jo peut hours after death. Page 6 may must director, examiner funeral ( the the the medical completely filled in by 0 cremation, event, executed prior to burial. tending physician and cult Hyglene prior to human traumatic certificate be other attending 6 law requires that the death the attent any injury, signed by the shows ? been ō has be Dept. ( 23 The h the State C Item PHYSICIAN: 0 with t marked. L OR ATTENDING P DIRECTOR: After the hours after death v 69 28 item TO THE HOSPITAL OF THE FUNERAL D Se filed within 72 ho

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BOX 13146,

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RECORDS,

OF VITAL

DIVISION

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2. OATE OF OEATH Q 15 P M **EDWARD GUTOSKY** Н. 1 6. AGE (In yrs. last bifthday) 7. DATE OF BIRTH NOV 25, A SOCIAL SECURITY NUMBER 5. SEX 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS HOURS MICHIGAN 1907 82 218-18-9648 1X M 2 F 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY. TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH MONTGOMERY DIRECTOR TAKOMA PARK WASHINGTON ADVENTIST HOSPITAL RESIDENCE OF DECEDENT 10c, CITY, TOWN OR LOCATION 10b. COUNTY 10d. INSIDE CITY MARYLAND MONTGOMERY SILVER SPRING 1 YES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 20901 USA 115 LEXINGTON DRIVE 13. WAS OECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—
If yea, specify Cuben, Mexican, Puerio Rican, etc.)
1 YES 2 NO Specify: 11. MARITAL STATUS 12. WAS DECEOENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 14, RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 1 Never Married 2 X Merried Specify: WHITE B 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EQUICATION 16b. KING OF BUSINESS/INDUSTRY (Soe Elementery/Secondary (0-12) College (1-4 or 5+) MACHINIST BUREAU OF ENGRAVING 12 18 MOTHER'S NAME (First Middle Maiden Surname 17 FATHER'S NAME (First Middle I not) HATTIE GUTOWSKY MEYER BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING AODRESS (Street and Number or Rural Route Number, City or Town, State, Zio Code) 2 115 LEXINGTON DRIVE, SILVER SPRING, MARYLAND 2090 MADELEINE K. GUTOSKY . METHOD OF DISPOSITION

Burlel 2 ☐ Cremetion 3 ☐ Removal from State

Donation 5 ☐ Other (Specify) 20b. PLACE OF DISPOSITION (Name of cometery, crematory or 20c. LOCATION - City or Town, State ST. MARY OF THE MILLS LAUREL, MARYLAND 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY FRANCIS J. COLLINS FUNERAL HOME, INC. Callen rances MD 2090 500 UNIVERSITY BLVD., W., SIL. SP., 23. PART I. Enter the diseasely or complications tilet caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heert feliure. List only one cause on each line. Approximata interval Between Onset and Death IMMEDIATE CAUSE (Finel diseese or condition resulting in death) TSPIRATION TO JOR AS A CONSEQUENCE OF TO (OH AS A CONSEQUENCE OF): PNEUMONIA weel 9 CERTIFICATION Sequentially list conditions, If any, leading to immediate ceuse. Enter UNDERLYING PULMONIAM DUE TO (OR AS A CONSEQUENCE OF): BEROULOSIS lun CAUSE (Diseese or injury that initiated evente resulting in daeth) LAST PART II. Other algoriticant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL PERFORMED? COMPLETION OF CAUSE 1 TES 2 NO OF DEATH? 1 TYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) OTHER: 1 TES 2 NO Inpatient 2 - ER/Outpatient 3 - DOA ng Home 5 - Residence 6 - Other (Specify) 4 I Nursi 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT 28d, OESCRIBE HOW INJURY OCCURED Natural 1 YES 2 NO BY 2 Accident 26a. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be COMPLETED 4 Homicide 29e. CERTIFIER 1 SCERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data end place, and due to the cause(e) and menner as stated. (Check only one) MEDICAL EXAMINER: On the investigation, in my opinion, death occured at the time, data end piece, end due to the cause(e) and manner as stated. 29d. DATE SIGNED (Month, Day, Year) 29b. SIGNATURE W 29c. LICENSE NUMBER BE 20 2 30. NAME AND ADDRESS OF OMPLETED CAUSE OF OEATH (ITEM 27) (Type, Print) MEATHAM HUF 31. DATE FILED (Month, Day, 32. REGISTRAR'S SIGNATURE '90 ulia Davidson-Randell 09

**OHMH-16 Rev 1/89** 

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BALTIMORE,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a rouns after death. Page 6 may be	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.	
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	SNG	ther	
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	D T	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
	1	- 0	

	1 - FOR STATE REGISTRAR	ATE OF MARYLAND / DEPARTME CERTIFICA	NT OF HEALTH AND ME TE OF DEATH	NTAL HYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)		3. Grubb	April 5, 1990	S. TIME OF DEATH	
a a	4. SOCIÁL ŠEČURITÝ NUMBER  5. SE  1 □  9a. FACILITY NAME (If not institution, give street and	M 2 KE 76 YRS. MONTH	IS DAYS HOURS MIN.	(Maplin, Day, Year) arch 27,1914	BIRTHPLACE (State or Foreign Country) Maryland Y OF DEATH	
DIRECTOR	106. STATE 106. COUNTY Maryland Mon		on or location, er Spring	19 11/6	10d. INSIDE CITY LIMITS?  1 YES 2 T NO	
	10e. STREET AND NUMBER	, 0.0,	101. ZIP CODE	10g. CITIZE	N OF WHAT COUNTRY?	
FUNERAL	2101 Fairland Road  11. MARITAL STATUS  12. W		209		ed States	
ВУ	1 Never Married 2 Married FC	AS DECEDENT EVER IN U.S. ARMED DRCES? 1 YES TOO YES, GIVE WAR OR DATES	13. WAS DECENDENT OF HISPANIC ( If yes, specify Cuben, Maxican, P  1 YES 2 NO Specify:		4. RACE — American Indian, Black, White, etc. Specify: White	
ETED	15. DECEDENT'S EDUCATION (Specify only highest grade comple	life Do MOT use retire	L OCCUPATION une during most of working id.)	16b. KIND OF BUSINESS/INDUS	STRY	
PLE	Elementary/Secondary (0-12) Colle Unknown	Sales Cl	*	Drug Store		
COMPL	17. FATHER'S NAME (First, Middle, Lest)		18. MOTHER'S NAME	(First, Middle, Maiden Sumame)		
BE (	(Unavailable) Bayn		Unavail			
2	19a. INFORMANT'S NAME (Type/Print) Patricia P. Richardso		tgomery Avenue,			
	20s. METHOD OF DISPOSITION	20b. PLACE OF DISPOSITION	(Name of cometery, cremetory or	20c. LOCATION CI		
	1 N Burial 2 Cremation 3 Removal fro 4 Donation S Other (Specify)	om State other place) Parklawn Memo		Rockville	, Maryland	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		22. NAME AND ADDRESS OF FACILI Rapp Funeral Se			
	23. PART I. Enter the diseases, or compile	Rapp	933 Gist Avenue	, Silver Sprin		
AN: MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):	seulas a	cullent	Onset end Death	
	PART II, Other significant conditions com ONCHAM NECLUA	Inbuting to death but not resulting in the	underlying cause given in Par	248. WAS AN AUTOPSY PERFORMED?  1 YES 2/X NO	24b. WERE AUTOPSY FINDINGS AMPLIABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
ICIA		SPITAL: OTI	26. PLACE OF DEATH (Check	only one)		
PLETED BY PHYSICIAN:		npetient 2 ER/Outpetient 3 DOA 4 12 28a. DATE OF INJURY (Month, Day, Year)  28b. TIME OF INJURY	WORK?	other (Specify)	RED	
	3 Suicide S Could not be determined  28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)  28e. PLACE OF INJURY — At home, farm, street, factory, office City or Yown, State)  28f. LOCATION (Street and Number or Rural Route Number, City or Yown, State)					
COMPLET	0001	to the best of my knowledge, death occurred at the bests of exemination and/or investigation, in it				
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	Me m	29c. LICENSE NUMBE	29d. DATE	SIGNED (Month/Day, Year)	
2	30. NAME AND ACCRESS OF PERSON WHO COM Luis A. Casas, M. I		e, Laurel, MD	20707	,	
	31. DATE FILEO (Month, Day, Year)  APR 6 90	12. REGISTRAR'S SIGNATURE				

	ron						J	0 11395	
_	1 - FOR STATE REGISTRAR	STATE OF MARYLAND /		CATE OF		MENTAL HYGIEN REG. NO.	E		
	1. DECEOENT'S NAME (First, Middle, Last)  APRY Gale	Amy Beatrice	Co1	bert G	ale	2. DATE OF OEATH DATE OF S		3. TIME OF DEATH A	
1	1 1 4	5. SEX 8. AGE (In yrs. lest		IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8.1	BIRTNPLACE (State or Foreign Country)	
1	9a. FACILITY NAME (If not institution, give street		1113.	9b. CITY, TOWN O	OR LOCATION OF DI	1/15/15 EATH	9c. COUNTY	ashington DC	
O.R.	Southern Maryla	nd Hospital		Clint	o n		Prin	ce George's	
DIRECTOR	RESIDENCE OF DECEDENT  108. STATE  10b. COUNTY		10c, CITY	TOWN OR LOCAT				104 INSIDE CITY	
PHO	Maryland Prince George's Clinton   Y UNITS?  1 1 1 Yes 2 □ NO								
RAL	10s. STREET AND NUMBER  10f. ZIP CODE  10g. CITIZEN OF WHAT COUNTRY?								
FUNER	9106 Pineview I.	ane 12. WAS DECEDENT EVER IN U.S. ARI	MED	13. WAS DEC	20735	NIC ORIGIN? (Specify Yea	US/	RACE — American Indian,	
	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 TYES THE NIF YES, GIVE WAR OR DATES A	10	If yes, sp	ecify Cuban, Maxica 2 NO Specif	nn, Puerto Ricen, atc.)		Black, White, etc. Specify:	
D BY	15. DECEOENT'S EDUCA	TION 160 DE	CEDENT'S	USUAL OCCUPATION		16b. KIND OF BUS		Black	
ET ET	(Specify only highest grade of	ompleted) (Gr	ve kind of w Do NOT use	ork done during mo	pat of working	IOO. KIND OF BUS	SINESS/INDUS	INT	
once.		Go	veri	ness				ch Care	
ideal .	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maiden	Surname)		
tiffed a	Cuttler Colbe		. MAILING	ADDRESS (Street a	Maryl and Number or Rural	Route Number, City or Town	n, State, Zip Coo	20613	
be notified TO BE	Rosetta Dougla	s 18	3203	Aquas	co Rd.,	Brandyw	ine, l	Maryland 1	
tan	20e, METHOO OF OISPOSITION  1 Burial 2 Cremation 3 Remov  4 Donation 5 Other (Specify)	rei from State other pla	ice)		metery, crematory or			or Town, State	
mer m	21. SIGNATURE OF FUNERAL SERVICE LICE	Harmo	ny	Memori: 22. NAME A	al Park	CILITY	7	r. Maryland	
medical examiner must	The still (	Elans		1		eral Home			
or other traumatic event, the med	Aquasco Road, Aquasco, MD. 20608  23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  Hyper tensory  Aquasco, MD. 20608  Approximate interval Between Onset and Death  Onset and Death  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  Hyper tensory  Approximate interval Between Onset and Death  Due To (OR AS A CONSEQUENCE OF):  The proximate interval Between Onset and Death  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  The proximate interval Between Onset and Death  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  The proximate interval Between Onset and Death  DUE TO (OR AS A CONSEQUENCE OF):  The proximate interval Between Onset and Death  DUE TO (OR AS A CONSEQUENCE OF):  The proximate interval Between Onset and Death  DUE TO (OR AS A CONSEQUENCE OF):  The proximate interval Between Onset and Death  DUE TO (OR AS A CONSEQUENCE OF):  The proximate interval Between Onset and Death  DUE TO (OR AS A CONSEQUENCE OF):  The proximate interval Between Onset and Death  DUE TO (OR AS A CONSEQUENCE OF):  The proximate interval Between Onset and Death  DUE TO (OR AS A CONSEQUENCE OF):  The proximate interval Between Onset and Death  DUE TO (OR AS A CONSEQUENCE OF):  The proximate interval Between Onset and Death  DUE TO (OR AS A CONSEQUENCE OF):  The proximate interval Between Onset and Death  DUE TO (OR AS A CONSEQUENCE OF):  The proximate interval Between Onset and Death  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):								
5 0	PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY ENDINGS								
3 shows any inju	24a. Was AN AUTOPSY PERFORMED?    YES 2 NO   NO PEATH?   1 YES 2 NO   1 YES 2 NO   NO PEATH?   1 YES 2 NO   NO PEATH?   1 YES 2 NO   NO PEATH?   1 YES 2 NO   NO PEATH?   1 YES 2 NO   NO PEATH?   1 YES 2 NO   NO PEATH?   1 YES 2 NO   NO PEATH?   1 YES 2 NO   NO PEATH?   1 YES 2 NO PEATH								
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28. P	LACE OF DEATH (C	heck only one)			
0 >	1 YES 2 NO	1 Inpatient 2 ER/Outpatient 3 28s. DATE OF INJURY	□ DOA 28b. TIMI	4  Nursing Hon	ne 5 🗆 Residence	6 Cher (Specify)	NJURY OCCUR	ED	
marked BY PI	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJ	URY WO	JURY AT JEED. 2 Ed. DESCRIBE NOW INJURY OCCURED JEED. STATE OF THE STA				
28 is TED	3 Suicide 8 Could not be 4 Homicida determined	28e. PLACE OF INJURY — At he building, etc. (Specify)	me, 1erm, e	treet, factory, office  281. LOCATION (Street and Number or Rural Route Number, City or Town, State)			Rural Route Number,		
MPORTANT: If item 2  D BE COMPLET	29a. CERTIFIER (Check only one)  1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.  2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.								
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER  296. LICENSE NUMBER  296. DATE SIGNED (Month, Day, Year)  D26352  D33190								
F	30. NAME AND ADDRESS OF PERSON WHO OSCHALL HAYE	9/31 Ascatal	ory	Rd (	Jinton	Md			
	APR 0 5 90	32. REGISTRAR'S MENATURE	-Rand	ee					

nedical examiner must be notified.	IMPORTANT: It Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified.
	be flied within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.
funeral director, page 1775-1756 for use its the burial	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely med in by the funeral director, page if the section of the sectio
death. Page 6 may be a literature of the criminal physic	TO THE HOSPITAL DA ATTENDING PHYSICIAN: The law requires that the death certificate be executed with burs after death. Page 6 may be a second to a second of the control of
BALTIMORE, MARYLAND 21203-3146	DIVISION OF VITAL RECORDS, P.O. BOX 13146,

31. DATE FILED (Month, Day, Y APK 10

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND I CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.	20 1103									
	1. DECEDENT'S NAME (First, Middle, Last)  DORIS E. GETSE GIESE	2. DATE OF DEATH MONTH DAY	YEAR 750 P M									
RAL DIRECTOR	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.  077-/8-/276 1 1 M 2 X F 66 YRS. MONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRTNPLACE (State or Foreign Country) WASHINGTON DC									
	98. FACILITY NAME (If not institution, give street and number) PLEASANT VIEW NURSING HOME 96. CITY, TOWN OF LOCATION OF DEATH CARROLL											
	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION  CARROLL MT, AIRY		10d. INSIDE CITY LIMITS? 1 YES 2 NO									
	100. STREET AND NUMBER 6805 RUNKLES QD. 2177	10g. CITIZ	TEN OF WHAT COUNTRY?									
BY FUNERAL		n, Puerto Ricen, etc.)	14. RACE — American Indian, Black, White, stc. Specify: WHITE									
COMPLETED	15, DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  12. TH  16. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  RETIRED R. N.											
BE CO	CHARLES R, MURRAY HE.	ME (First, Middle, Malden Surriame)  ZEWHODE	12									
10	190. INFORMANT'S NAME (Type/Print)  190. MANCY J'SEKULSKI  190. METHOD OF DIPPOSITION  200. METHOD OF DIPPOSITION  200. PLACE OF DISPOSITION (Name of cometery, crematory of		HO.21771									
	205. PLACE OF DISPOSITION (Name of cemetary, crematory of 1   Burlist 2 (If Cremation 3   Removal from State 4   Donatton 5   Other (Specify)   CALROLL ELLEMATIONS TA	EUICE HAMPST	EAD, MD. 21674									
	· Brian L. Haight Haight F.A	Bex 19554	21189- LESVILL, MD.									
	23. PART I. Enter the diseases, or complications that exist the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, abock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  a. Pulmonary Edema water Left Verificular blad											
: MEDICAL CERTIFICATION	Sequentially ilst conditions, if any, laading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):											
	PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I.  AZOTEMICE, DENEUTER, HYDRINGS, TOPS,  VISCULITES, DIDWALW CELLER, C.VAS  246. WAS AN AUTOPSY PERFORMED?  1 YES 2 19-NO  1 YES 2 19-NO											
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1 YES 2 70 1 Important 2 ER/Outpetlant 3 DOA 4 Norming Home 5 Residence 8 Other (Specify)											
BY PHY	27. MANNER OF DEATN  1 Pending (Month, Day, Year)  28a. DATE OF INJURY (Month, Day, Year)  28b. TIME OF INJURY WORK?  1 YES 2 NO  28d. DESCRIBE NOW INJURY OCCURED											
ED	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Rown, State)											
COMPLET	29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and dus to the cause(s) and menner as stated.  2 MEDICAL EXAMINER: On the basis of sxamination and/or investigation, in my opinion, death occurred at the time, data and place, and dus to the cause(s) and menner as stated.											
BE	296. SIGNATURE AND TITLE OF CERTIFIED 296. LICENSE NUI  296. SIGNATURE AND TITLE OF CERTIFIED 296. LICENSE NUI  296. SIGNATURE AND TITLE OF CERTIFIED 296. LICENSE NUI	(CD)	SIGNED (Month, Day, Year)									
T0	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)  MELVIN L. KORDON WD 2000 CEWYURY PLAZA COLUMB M WD ZIOYY											

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TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely lined in by the funeral prector, page	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial. cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be
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TO BE COMPLETED BY FUNERAL DIRECTOR

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	AND / DEPART CERTIFIC			MENTAL HYGIEN					
,	1. DECEDENT'S NAME (First, Middle, Lest)  MARGARET	Margaret		Grace		2. DATE OF DEATH	7 91	3. TIME OF DEATH A.			
	4. SOCIAL SECURITY NUMBER 220-12-8891  9s. FACILITY NAME (If not institution, give st	1 □ M 2 1 73	YRS.	ONTHS DAYS	HOURS MIN.	DEC. 11,		BIRTHPLACE (State or Foreign Country) Maryland			
TOR		•	SPITAL	HAVE		GRACE		FORD			
DIRECTOR	Maryland Ha	arford		town on Locat cerdeen	ION			10d. INSIDE CITY LIMITS? 1 YES 23 NO			
FUNERAL	13 Yuma Avenue				21001		US				
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	ea or No 14.	RACE — American Indian, Black, Whita, atc. Specify: White								
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	16e, DECEDENT'S U (Give kind of wo life. Do NOT use HOMEMA	rk done during mo- retired.)		16b. KIND OF BU	JSINESS/INDUST	ΉY			
	17. FATHER'S NAME (First, Middle, Last)	rod Dodt				ME (First, Middle, Maide					
TO BE	ROLANG MILITED BOOT ATTRIBUTE AND STATE OF THE STATE OF T										
	20a. METHOD OF DISPOSITION 13 Burlel 2 Cremation 3 Ram 4 Donation 5 Other (Specify)	oval from Stata	other place) Paul's		notory, cromatory or		ocation – city Aberdee				
	21. SIGNATURE OF FUNERAL SERVICE LIC	Me Con	18111	Howai		Comas III		l Home, P.A.			
	IMMEDIATE CAUSE (Final	e. Myo ca	ach line.	de	de of dying, such	h as cardiac or res	piratory arrest	Approximate interval Between Onset and Death			
ATION	Sequentially list conditions, if any, leading to immediate cause, Enter UNDERLYING										
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF)	:		-					
MEDICAL C	PART II. Other significent condition	s contributing to deeth b	out not resulting in	the underlying	g cause given in		N AUTOPSY DRMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
								1 TYES 2 NO			
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:		OTHER:	ACE OF DEATH (Ch	6 Other (Specify)					
PHYSICIAN:	27. MANNER OF DEATH	28s, DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. INJ	URY AT	28d. DESCRIBE HOW	INJURY OCCUP	ED			
ВУ	1 Netural 5 Pending 2 Accident Investigation 3 Suicide a Could not be 4 Homicide detarmined	28e. PLACE OF INJURY building, atc. (Spec	7 — At home, farm, st		YES 2 NO	281. LOCATION (Stree City or Town, Stee	t and Number or e)	Rural Route Number,			
COMPLETED	(Oriota Orny	ICIAN: To the best of my know						ause(a) and manner as stated.			
BE	296. SIGNATURE AND TITLE OF CERTIFIE		For pa		29c. LICENSE NUI			IGNED (Month, Day, Year)			
5	30, NAME AND ADDRESS OF PERSON WI	IO COMPLETED CAUSE OF DE	EATH (ITEM 27) (Type,	Print)							
	31. DATE FILED (Month, Day, Year) APR 16 '90	32 REGISTRAR'S SIGN	ATURE Andres								

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NT: # 1	
IMPORTANT	

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR	CERTIF	ICATE C	F DEATH	R	EG. NO.							
	1. DECEOENT'S NAME (First, Middle, Last)				2. DATE OF E	DEATH		3. TIME OF DEATH					
	GREGORY GENE GROOM	APRII	DAY 2.	1990	0700 A.								
		AGE (In yrs. last birthday)	IF UNDER 1 YE	AR _ IF UNDER 24 HRS.	7. DATE OF B	DIRTH	8. BIRTI	HPLACE (State or Foreign					
	212-62-1028 1 M 2 🗆 F	37 YRS.	MONTHS DAY	/S HOURS MIN.	JUNE 19, 1952 RHO			HODE ISLAND					
TOR	9s. FACILITY NAME (If not institution, give street and number)  14 A GRAVES ROAD			VN OR LOCATION OF DI		90	ST. M.						
2	RESIDENCE OF DECEDENT  100, STATE  100, COUNTY	10c, CIT	Y, TOWN OR LO	CATION				10d. INSIDE CITY					
DIRECTOR	MARYLAND ST. MARY'S			ICSVILLE			LIMITS?						
FUNERAL	10a. STREET AND NUMBER 14 A GRAVES ROAD			101. ZIP CODE 20659		10	U.S	WHAT COUNTRY?					
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married STATUS FORCES? 1 IF YES, GIVE WAR (	YES 2XNO	If yes	DECENDENT OF HISPAI , specify Cuben, Maxica YES 2 NO Specif	nn, Puerto Ricar	pecify Yea or N	E — American Indian, k, White, etc.						
G	15. DECEDENT'S EDUCATION	16a. DECEDENT'S	USUAL OCCUP	PATION	16b. KIN	D OF BUSINE	SS/INDUSTRY						
COMPLETED	(Specify only highest grade completed)  Elementary/Secondary (0-12)  Collega (1-4 or 5 +) 2	Iffe. Do NOT us	se retired.)	most of working		CONS	STRUCTI	ON					
ME	17. FATHER'S NAME (First, Middle, Last)	SURVI	LYUK					ON					
	HENRY N. GROOMS			18. MOTHER'S NA	RINE C			LL					
BE	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING	ADDRESS (Str	set and Number or Rural	Route Number, C	City or Town, St	ate, Zip Code)						
2	MRS. NANCY J. GROOMS	14A (	GRAVES	ROAD, MEC	HANICS	VILLE.	MD. 2	0659					
	20a. METHOD OF DISPOSITION	20b. PLACE OF DISPOS		f cemetery, crematory or			ION — City or T						
	1 M Buriel 2 Cremation 3 Removal from State 4 Denation 5 Other (Spelly)	other place) CHARLES	MEMOR	AL		LEONA	RDTOWN	. MARYLAND					
	21 SHORMTURE OF FUNERAL BEHYDCE LIGHTSEE	1	22. NAM	E AND ADDRESS OF FA									
	Jally Dringe	$\checkmark$		). BOX 279			N MD	20650					
	23. PART I. Enter the diseases, or compilertions that ce	pused the deeth. Do						Approximate					
	ahock, or heert fellure. Liet only one ceuse	on each line.						Interval Between Onset and Death					
	disease or condition resulting in death)  A NGING BY THE NEEK - Suicide Se												
Z	Sequentially list conditions ( b												
CERTIFICATION	Sequentielly liat conditions, DUE TO (OR AS A CONSEQUENCE OF):  If any, leeding to immediate cause. Enter UNDERLYING												
FIC	CAUSE (Disease or injury C.	AS A CONSEQUENCE O	F):										
RE	resulting in death) LAST		•										
CE													
DICAL	PART II. Other algnificent conditions contributing to dea	ath but not resulting	in the under	lying cause given in		PERFORMED	92	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?					
PHYSICIAN: ME						1		1 - YES 2 - ND					
ÿ													
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		OTHER:	6. PLACE OF OEATH (C	heck only one)								
YSI	1 YES 2 NO 1 inpetient 2 ER		4 - Nursing		6 Other (Sp	lecify)							
	27. MANNER OF DEATH  1 Netural 8 Pending (Month, Day, 1)  2 Academic Investigation	tear) 26b. Till	JURY	WORK?	28d, DESCRI	BE HOW INJU	RY OCCUREO						
TED BY	2 People in	JURY — Al home, farm, (Specify)	street, factory,	office		ON (Street and i	Number or Rural	Route Number,					
7	29s. CERTIFIER  1 CERTIFYING PHYSICIAN: To the best of my	knowledge death occur	and at the time	data and place, and dur	a to the council	a) and manner	ne stated						
COMPLETED	(Check only one) MEDICAL EXAMINER: On the besis of exam							(a) and manner as stated.					
	29b. SIGNATURE AND TITLE OF CENTRIER			29c. LICENSE NU	MBER	29	d. DATE SIGNE	O (Morgh, Day, Year)					
) BE	my 1 mm xx	mn		114	280	- 1	+ 4/1	4 90					
2	30. NAME AND ADDRESS OF PERSON WHO COMPUTED CAUSE C				VIJ			-					
	WILLIAM D. BOYD, II, M.D., 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S	17 JEFFERS	SON ST	REET, LEON	ARDTOW	N, MAR	YLAND	20650					
	APR 05 '90 Julia Davi	SIGNATURE											

		rmit. Pa	
BALTIMORE, MARYLAND 21203-3146	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nous after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pa be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
MORE	заде 6 та	director, p	er must
BALTI	ter death. F	the funeral oval.	al examin
	mours aft	led in by 1, or remo	medica
5,	within 24	pletely fill cremation	ent, the
13146	executed	and com	natic ev
BOX	cate be	ohysician le prior to	er traun
P.O.	ath certifi	tending gallen	or oth
DS, I	at the de	by the at	y injury.
ECOR	quires the	n signed	NOWS ATT
AL R	he law re	e has bee	m 23 sl
F VIT	SICIAN: 1	certificat	d, or Ite
ONO	ING PHY	After this death with	marke
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	3 ATTEND	RECTOR:	m 28 is
ā	PITAL DE	ERAL DIF	T: If Ite
	THE HOS	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi be filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	MPORTAN
	TO T	10 a	MP

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR

# STATE OF MADY AND / DEPARTMENT OF HEALTH AND MENTAL HYCIEME

1 - STATE REGISTRAR					F DEATH	H	F	REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last)			95				2. DATE OF	DEATH			3. TIME OF DEATH
John	Gross						монтн	D	q	YEAR	10:25 AM
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (in yrs. les	t birthday)	IF UNDER 1 YEAR	IF UNDER 24	HRS.	7. DATE OF	BIRTH		6. BIRTH	PLACE (State or Foreign
212-18-5605	1 😡 M 2 🗌 F	71	YRS.	MONTHS DAYS	HOURS	MIN.	Jan.		1919	Ma1	ryland
9a. FACILITY NAME (If not institution, give str	reet and number)			9b. CITY, TOWN	OR LOCATION	OF DE		11,		NTY OF D	
St. Joseph Ho	spital			Ra '	ltimore	2					
RESIDENCE OF DECEDENT	op-cu-										
10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN OR LOC	ATION						10d, INSIDE CITY LIMITS?
Maryland				Baltime	ore						1 X YES 2 NO
10e. STREET AND NUMBER				1	10f. ZIP CODE				10g. CIT	IZEN OF Y	VHAT COUNTRY?
701 St. Dunstans	Road				212	212			1	USA	
11. MARITAL STATUS 1 Naver Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2 21		If yes,	ECENDENT OF specify Cuban, ES 2 X NO	Maxicar	n, Puarto Rica		or No-	Black	E — American Indian, k, whita, atc. fb: Black
15. DECEDENT'S EDUC (Specify only highest grade of the contany/Secondary (0-12)	CATION completed) College (1-4 or 5+	(G	live kind of v . Do NOT us	USUAL OCCUPA work done during i e retired.)	TION most of working		16b. KI	ND OF BU	SINESS/IN	DUSTRY	
17. FATHER'S NAME (First, Middle, Last)			140	. DOL	16. MOTHE	R'S NAI	ME (First, Mick	dle. Maiden	Surname)		
John Gross, Sr.					1100		inia G				
19a, INFORMANT'S NAME (Type/Print)		-19	b. MAILING	ADDRESS (Stree					n, State. Zi	p Code)	
Ruth Gross		"	701	ADDRESS (Street	stans I	Road	Balt	rvla	nd 2	1212	
20a. METHOD OF DISPOSITION		7		SITION (Name of				_		City or To	wn, Stata
1 Donation 5 Other (Specify)	wal from State	other pi	lace)	Church						nard	
21, SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	- DL	OORS		AND ADDRESS		CILITY	100.	LCO	ilara	, 110
* Spencer E	· Sew	De		Sewe 1	II Fune	eral	Home				Beac- Rd. erick, Md
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	OR AS A CONSE	QUENCE O	F):							Onset and Death
PART II. Other significant condition	a contributing to	death but not	resulting	In the undarly	ing cause gi	ven In		PERFO	RMED?	245	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
				26.	PLACE OF DEA	ATH (Ch	eck only one)				
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 100	HOSPITAL:	ER/Outpetient	3 🗆 DOA	OTHER: 4 Nursing H	ome 5 🗆 Resi	Idence	s 🗆 Other (S	Specify)			
EXAMINER?  1 VES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending		INJURY	28b, TIN	4 Nursing H IE OF 28c.	ome 5 Resi		8 Other (S		INJURY O	CCURED	
EXAMINER?  1   YES 2   NO  27. MANNER OF DEATH	28e. DATE OF (Month, D	INJURY	28b. TIM	4 Nursing H IE OF 26c. ( JURY M 1	NJURY AT WORK? YES 2		28d. DESCF	NBE HOW	and Numbe		Route Number,
EXAMINER?  1 YES 2 HO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation  3 Suicide 8 Could not be detarmined	28a. DATE OF (Month, D 28a. PLACE O building,	injury ey, Year) F injury — Ai h etc. (Specify)	28b. TIN	4 Nursing H IE OF 28c. I IURY M 1  street, factory, of	INJURY AT WORK?  YES 2   Iffice	NO	28d. DESCR 28f. LOCATI City or	ON (Street Town, State	and Numbe	or or Rumi	
EXAMINER?  1 YES 2 DAID  27. MANNER OF DEATH  1 Natural 5 Pending Investigation  3 Suicide 5 Could not be detarmined  29a. CERTIFIER (Check only)  1 CERTIFYING PHYSI	28e. DATE OF (Month, D) 28e. PLACE O building,  CIAN: To the best of a:	injury ey, Year) F injury — Ai h etc. (Specify)	28b. TIN	4 Nursing H IE OF 28c. I IURY M 1  street, factory, of	INJURY AT WORK?  YES 2   Iffice	NO and dua	284. LOCATI City or	ON (Street Town, State	and Number	er or Rural sted.	
EXAMINER?  1 YES 2  27. MANNER OF DEATH  1 Natural 5 Pending Investigation  3 Suicide 8 Could not be detarmined  29e. CERTIFIER (Check only one)  2 MEDICAL EXAMINE	28e. DATE OF (Month, D) 28e. PLACE O building,  CIAN: To the best of a:	injury ey, Year) F injury — Ai h etc. (Specify)	28b. TIN	4 Nursing H IE OF 28c. I IURY M 1  street, factory, of	INJURY AT WORK?  YES 2  Iffice  ata and place, ata, death occurred	NO and dua	284. LOCATI City or	ON (Street Town, State	and Number	er or Rural sted.	a) and manner as stated.  O (Month, Dey, Year)
EXAMINER?  1 YES 2  27. MANNER OF DEATH  1 Natural 5 Pending Investigation  3 Suicide s Could not be detarmined  29a. CERTIFIER (Check only one)  2 MEDICAL EXAMINE  30. NAME AND ADDRESS OF PERSON WH	28e. DATE OF (Month, D) 28e. PLACE O building,  CIAN: To the best of a:	F INJURY — At he etc. (Specify)  my knowledge, discomination and/or	28b. TIM IN. orme, farm, eath occurr investigation	4 Nursing H  HE OF 28c. I  JURY M 1  street, fectory, of the time, don, in my opinion	INJURY AT WORK?  YES 2  Hitce  Hitce  And eath occurred  29c. LICEN	NO and dua d at the SE NUR	28d. DESCF 28f. LOCATI City or 10 the cause time, deta an	ION (Street Town, State (a) and maid place, as	and Number	er or Rural sted. the cause(	a) and manner as stated.  (Month, Dey, Year)

4

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with this sher death. Page 6 may be retained TO THE FUNERAL DIRECTIOR: After this certificate has been signed by the attending physician and completely liked in by the funeral director, page 5 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified to

as the burial-transit permit. Pages 1, 2, 3 should

	FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
	REGISTRAR	CERTIFICATE OF DEATH	REG. NO.
_			

	EGISTRAR EDENT'S NAME (First, Middle	(e, Last)	lima.)	ICATE OF		2. DATE OF DEATH MONTH	DAY	YEAR GU	3. TIME OF DEATH				
4. SOCI	HAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	5	8. BIRTH	IPLACE (State or Foreign				
218	8-24-2476	1 🗆 M 2 💢 F	84 YRS.	MONTHS DAYS	NOURS MIN.	7-18-19	05	Mai	yland				
9a. FAC	CILITY NAME (If not institution	on, give street and number)		9b. CITY, TOWN	OR LOCATION OF DE	EATH	9c. COL	UNTY OF D	DEATH				
E 1	Laurel Nurs	ing Home		Laure	1		Pr	ince	George				
RESID	DENCE OF DECEDE	COUNTY	100 01	TY, TOWN OR LOC	TION				10d. INSIDE CITY				
Mai	ryland	Prince Geor		aurel	AIION				LIMITS?				
100. ST	TREET AND NUMBER	FIIICE GEOI	ge I n		Of. ZIP CODE	_	10a CI	TIZEN OF V	WHAT COUNTRY?				
<b>S</b>    <b>S</b>		Ridge Court			20707		35		States				
11. MAR	RITAL STATUS		EVER IN U.S. ARMED	13. WAS DE		NIC ORIGIN? (Specify )		14. RACI	E — American Indian.				
3 ₺ w	lever Married 2 Marrie Widowed 4 Divorced	od FORCES? 1	☐ YES 2 XNO AR OR DATES		specify Cuban, Maxica S 2XXNO Specif	in, Puerto Rican, atc.) y:		Blac	k, White, atc. White				
G .	15. DECEDEN' (Specify only highs	T'S EDUCATION est grade completed)	16a. DECEDENT'S	S USUAL OCCUPAT	TION	18b. KIND OF B	IUSINESS/IN						
Elen	mentary/Secondary (0-12)	College (1-4 or 5+	Min Do NOT I	use retired.)	nout or working								
8 2	years		Bookee	per		Dept	. Sto	re					
Ö	HER'S NAME (First, Middle,		man			ME (First, Middle, Meidle							
W 40- 101	WALTER	MEL			CATHER		NWAEC						
0   198.   170	196. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  Same as #10												
20a, ME	ETHOD OF DISPOSITION		20b. PLACE OF DISPO			20e	LOCATION -	- City or To	own. State				
	urial 2 Cremation 3		other place)				20c. LOCATION — City or Town, State  Brentwood, Maryland						
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY												
	10 01	11 B	and -						, Md. 20705				
Seque If any, cause CAUS, that in	IMMEDIATE CAUSE (Final disease or condition resulting in death)												
PART CIAN: MEDICAL CAN: WEDICAC	PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I.  Other significant conditions Contributing to death but not resulting in the underlying cause given in Part I.  PERFORMED?  1 VES 2 NO												
-	-												
25. WAS	S CASE REFERRED TO MEI				PLACE OF DEATH (C	heck only one)							
10	YES 2 NO	HOSPITAL:	ER/Outpetient 3 🗆 DOA	OTHER: 4 Nursing He	ome 5 🗆 Residence	8 - Other (Specify)							
2 2	_ PROGRAMM	tigation		M 1	NJURY AT VORK?  YES 2 NO	28d. DESCRIBE HOV			South Number				
	1001201	not be building, mined	atc. (Specify)	, silver, factory, or	neu .	City or Town, Sta	ite)	or or nurar	Proute Number,				
	not only	G PHYSICIAN: To the best of EXAMINER: On the bests of ex							a) and manner as stated.				
29b. SK	TANKER	w heen	leat M	.61	29c. LICENSE NU	7/6	•	4/3	(Money, Dey, Year)				
30. NAI	ME AND ADDRESS OF PER AND 11 G W TE FILED (Month, Day, Your)	Karana	SE OF DEATH (ITEM 27) (Typ	8317	CHERR	y Care	6	nus	C, M. 17672				
31 MAT		32 BEGISTEA	R'S SIGNATURE										

#### STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1. DECEOENT'S NAME (First	, Middle, Last)									2. DATE	OF DEATH	DAY	YEAR	3. TIME OF DEATH	
Margare	t	Wallace		Hauk							il 6,	TEAR	1:00 P M		
4. SOCIAL SECURITY NUM	BER	5. SEX	6. AGE	In yrs. las	t birthday)	IF UNDER		IF UNDE			OF BIRTH		8. BIRTI	8. BIRTHPLACE (State or Foreign	
578 88 412	5	1 🗌 M 2 🖄 🕫	_ 5	79	YRS.	MONTHS	DAYS	HOURS	MIN.	Feb	. 9, 1	911		llinois	
9e. FACILITY NAME (If not in	stitution, give	street end number)				9b. CITY	, TOWN	OR LOCAT	ON OF DE	EATH	_	9c. COL	INTY OF E	DEATH	
Suburban H	ospita	al	ę				Beth	nesda	ı			Mo	ntgo	mery	
RESIDENCE OF DEC	CEDENT							-							
Maryland	10b. COUNT	ntgomery			10c. CIT	Cho:		TION Chase						10d, INSIDE CITY LIMITS?	
- ·		regomery	- 10			Cire								1 TYES 2 X YNO	
10e. STREET AND NUMBER							10	H. ZIP COD	E			10g. CF	IZEN OF	WHAT COUNTRY?	
7005 Fulton	Stree	et						2081	.5			Ur	ited	States	
11. MARITAL STATUS		12. WAS DECEDE FORCES?	NT EVER	N U.S. AR	MED						N? (Specify Yorks)	e or No-	14. RAC	E — Americen Indien, ck, White, etc.	
1 Never Merried 2 3		IF YES, GIVE						S 2 X NO			rinouti, atony		Spec	olly:	
		1												White	
15, DEC (Specify on	EDENT'S EDI	UCATION le completed)		(G.	CEDENT'S	work done	CCUPATI during m	iON lost of worki	ing	180	b. KIND OF B	JSINESS/IN	DUSTRY		
Elementery/Secondary (	0-12)	College (1-4 or 5	+)		Do NOT us					1		O T	[ama		
	l_	4		Н	omem	aker						Own H	ome		
17. FATHER'S NAME (First, A		9.9 T T									Middle, Maide		·		
\ <u></u>	wyer	Walla	ce						lelen				fray	′ 	
19e. INFORMANT'S NAME (											nber, City or To			1 1 00005	
Jennifer H.	Ogie				1021	4 Pa	rkwo	ooa L	rive	, Ke				land 20895	
20e. METHOD OF DISPOSIT		moval from State	20	other pl	OF OISPO	SITION (M	eme of ce	emetery, cre	matory or			OCATION -	•		
4 Donation 5 Othe			N	Iont	gomer			tori						Maryland	
21. SIGNATURE OF FUNERA	SERVICE L	ICENSEE A				22. I-I	NAME A	ND ADOR	ESS OF FA	Che	Robert Evy Ch	A. I	umph	rey Funeral	
> Affects	1) 7	7	M	0068	9	W	isco	onsin	Ave	nue.	Beth	esda.	Md.	20814-3501	
23. PART I Enter the o	lissases, or	complications th	at cause	d tha da	ath. Do i									Approximate	
23. PART I Friter tha dishook or h	neart fallure	. List only one ca	use on a	ach Ilna	١,							,		Intarval Between Onsat and Death	
iMMEDIATE CAUSE (Fi dlaasse or condition	nal	1.1 000						11.	1 (m)	200	حسير ،				
reaulting in death)	$\rightarrow$	a. /N TRA	7 CE	TKE!	3RA	7h		ITEM	IN HOU	CAT	re .			ACUTE	
		and the same of th		CONSE	OUENCE O	rr):								6 7040	
Sequentially list condi	tions,		A L L	CONSE	OUENCE O	IF)								2/1/2	
if any, leading to imme cause, Entar UNDERLY		1332	(011110			. ,.									
CAUSE (Disessa or injuthat initiated events		c. OUE TO	O (OR AS	A CONSE	OUENCE O	IF):									
resulting in death) LAS	ST	a .													
		d													
PART II. Other eignific	ant condition	ons contributing t	o daath l	out not i	resuiting	in tha u	ndarlyi	ng cauaa	given in	Part I.		N AUTOPS	24	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
											1 🗆 YES	2 (X NO		COMPLETION OF CAUSE DF DEATH?	
														1   YES 2   NO	
25. WAS CASE REFERRED	TO MEDICAL						26. 1	PLACE OF	DEATH (C	heck only o	one)				
EXAMINER?		HOSPITAL:	☐ ER/Out	patient 3	DOA	OTHE		me 5 🗆 F	Residence	8 Oth	er (Specify)				
27. MANNER OF OEATH		28e. DATE C	F INJURY		26b. TIA	AE OF	28c. IN	JURY AT		_	SCRIBE HOV	/ INJURY O	CCURED		
	Pending	6.5	Day, Year)	90	IN.	JURY M	_	YES 2	No	F	3/./.	an/	P	OBR	
2 Accident 3 Suicide	Investigation	28e. PLACE	OF INJUR	Y — At he	ome, ferm,	street, for	tory, off			28f. LO	CATION (Street	t end Numb	er or Rurai	Route Number,	
4 Homicide	Could not be determined	building	g, etc. (Spe	iclfy)	to w					C/n	y or Town, Sta	#	10		
29e, CERTIFIER 1 CEF	TIEVILLO BUY	SICIAN: To the best	od pps lone				time d	to and str	n and d	a to the	eventel and -	enner co	hatad		
CONSUM OTHY														(e) end manner as stated.	
			/	/	-										
296. SIGNATURE AND TITL	E OF CENTIFI	WIII	1.1	1//	10			5	CENSE NU	C		29d, D	TE SIGNE	(Month, Day, Year)	
30NAME AND ADDRESS (	DE BEBOOK "	COMPLETED TO	7//	W.	7	o O-11		1110	0 70	74		1	7//	170	
FR ANCIS	7 M	AYLE 8	200	WI		e, Print) USM	A	vo:	DE	140	558/	1	1/b	20816	
31. DATE FILED (Month, Op	Year)	32. REGISTI	AR'S SIG	NATURE											
I WAKTO :	JU	Julia Do	Widson	Man	dell										

as the burial-transit permit, Pages 1, 2, 3 should

TO BE COMPLETED BY FUNERAL DIRECTOR

ending physician. 203-3146 BALTIMORE, MARYI

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained TO THE FUNERAL ORECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified

TO, BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within, durs after death. Page 6 may increase that the law requires that the death certificate has been signed by the attending physician and completely filled in by the funeral director, proceeding the sate that this certificate has been signed by the attending physician completely filled in by the funeral director, proceeding the sate burial, and the safe death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IN THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician completely filled in by the funeral director, proceeding the safe at the burial. The medical examiner must be notified to the complete that the medical examiner must be notified to the complete that the medical examiner must be notified to the complete that the medical examiner must be notified to the complete that the medical examiner must be notified to the complete that the medical examiner must be notified to the complete that the medical examiner must be notified to the complete that the medical examiner must be notified to the complete that the medical examiner must be notified to the complete that the medical examiner must be notified to the complete that the medical examiner must be not the complete that the medical examiner must be not the complete that the medical examiner must be not the complete that the complete that the medical examiner must be not the complete that the complete th

FOR I STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL	HYGIENE
REGISTRAR	CERTIFICATE OF DEATH		REG. NO.
1. DECEDENT'S NAME (First, Middle, Last)		2. DATE O	F DEATH

	1. DECEDENT'S NAME (First, Middle, Last)  2. DATE OF DEATH MONTH DAY YEAR  3. TIME OF DEATH												
	JOS	EPH R	. Н	OSMER					A	April 3	,199	0	10:15 Am
	4. SOCIAL SECURITY NUMBER	6. SEX	6. AGE (In yra. les		IF UNDER	1 YEAR	HOURS	R 24 HRS.	(Month	OF BIRTH	1	Countr	IPLACE (State or Foreign
	274-46-5029	1 X M 2 □ F	41	YRS.			. Section 19			mber 2	2,194	48 (	OHIO
	9a. FACILITY NAME (If not institution, give	street and number)		9b. CITY, TOWN OR LOCATION				ION OF DE	EATH		9c. COUN	TY OF D	EATH
DIRECTOR	11413 Symphony	Woods Lan	e		Silver Spring Montgomer						ery		
D I	10e. STATE 10b. COUNT	Υ		10c. CIT	Y, TOWN C	OR LOCA	TION						10d. INSIDE CITY
5	Maryland Mon	tgomerv			Silv	er s	Sprin	10					LIMITS?
4	10e. STREET AND NUMBER		01		f. ZIP COD				10g. CITIZ	EN OF V	VHAT COUNTRY?		
FUNERAL	11413 Symphony W	ood Lane					2090	)1			U.	.S.A	
5	11. MARITAL STATUS		NT EVER IN U.S. AF							17 (Specify Yea Ricen, atc.)	or No-	14. RACE Black	E — American Indian, k, White, atc.
20	1 Never Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE	MAR OR DATES				3 2 NO			, , , , , ,		Speci	
	15. DECEDENT'S EDI		16a, DE	ECEDENT'S	USUAL O	CCUPATI	ON		16b	KIND OF BUS	INESS/INDI	USTRY	MILLEC
	(Specify only highest gred Elementary/Secondary (0-12)	(G	live kind of a Do NOT u	work done se retired.)	during m	ost of work	ing	G	EORGET	OWN U	NIVI	ERSITY	
COMPLETED		College (1-4 or 5 5+	ADM	INIS'	TRAT	OR/P	EDIA	TRIC	S M	EDICAL	CENT	ER	
5	17. FATHER'S NAME (First, Middle, Lest)									Middle, Maiden			
ů,	ROY W. HOSMER						KA	THRY	N	SQUA	RE		
OBE	196. INFORMANT'S NAME (Type/Print)  JOAN HOSMER  (WIFE)  195. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  11413 SYMPHONEY WOODS LANE, SILVER SPRING,												NG, MARYLAND
	26e. METHOD OF DISPOSITION  1 To Burlat 2 Cremation 3 Ref  4 Donation 6 Other (Specify)	noval from State	GATE	OF DISPO	SITION (MI	nme of ce	motory, cre	matory or			CATION — C		own, State NG MARYLAND
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE	0		_				CILITY C	FUNER	AT TIO	ME	TNO
	· 10/1 F	.)()											P., MD 20901
	23. PART I. Enter the diseases, or shock, or heart fellure				not anter	the me	oda of dy	/ing, suc	h as car	diac or respi	ratory arre	ont,	Approximate interval Between
	IMMEDIATE CAUSE (Finel	List Only One Ca	ase on eech line	<b>.</b>									Onset and Death
	disease Dr condition resulting in death)	Anapla	stic Epe	endym	oma	(3	-89)	)					8 months
		DUE TO	OR AS A CONSE	DUENCE D	F):								
5	Sequentially list conditions,  DUE TO (OR AS A CONSEQUENCE OF)												
CERTIFICATION	If any, leading to immediate cause, Enter UNDERLYING												
5	CAUSE (Disease or injury that initiated events	C. DUE TO	D (DR AS A CONSE	OUENCE O	F):								
	resulting in death) LAST	d.											
3	DART II Other electricant condition	an anatabusha s	a death had and		t- ab-	. 4 . 4 . 1 .		-1 1-	Direct.				
	PART II. Other significant condition	ms contributing to	o death but not	resulting	in the u	naeriyir	ng ceuse	given in	Pilet I.	24a. WAS AN PERFOR		246	MAILABLE PRIOR TO COMPLETION OF CAUSE
MEDICAL										1 🗆 YES 2	□ NO		OF DEATH?
									— 1				1 YES 2 NO
A	25. WAS CASE REFERRED TO MEDICAL					26. P	LACE OF	DEATH /C/	heck only o	ne)			
2	EXAMINER?  1   YES 27   YND	HOSPITAL:	☐ ER/Outpatient	3 □ DOA	OTHE	R:			6 🗆 Othe	F21   11			
PHYSICIAN:	27. MANNER OF DEATH	26a. DATE O	F INJURY	26b. TIN	AE OF	28c. IN	JURY AT	1001001100		SCRIBE HOW I	NJURY OCC	URED	
7	1 Natural 5 Pending 2 Accident Investigation	(Month,	Day, Year)	IN.	JURY M		YES 2	□ NO					
	3 Suicide 6 Could not be	26e. PLACE	OF INJURY — At h	ome, farm,	street, fac	tory, offi	ce			CATION (Street a		or Rural	Route Number,
COMPLETED	4 Homicide detarmined	0.30	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			_			,				
2	29e. CERTIFIER 1 X CERTIFYING PHY	SICIAN: To the best of	of my knowledge, d	eath occur	red at the	time, det	a and plac	e, and du	e to the ca	use(a) and mar	nner ea stat	ed.	
S		IER: On the basis of	examination end/or	Investigati	on, in my	opinion,	death occi	ured at the	time, date	a end placa, an	d due to th	e cause(	a) and manner as stated.
שב כ	296. SIGNATURE AND TITLE OF CERTIFI	ER/	1 10	7	1 0			CENSE NU			29d, DATE	E SIGNE	O (Month, Day, Year)
2	Mugh	EM	olle,	W	1.2	•	D	07	96	7	► Ap	ril	5,1990
2	30. NAME AND ADDRESS OF PERSON W												
•	Albert E. Rol	le, M.D.	3800 Re	servo	oir F	Rd.,	N.W	.,Wa	shing	gton, I	o.c.	2000	17
	APR 09 90	Audia . No	AR'S SIGNATURE	de 20									
	HER O , SO	A	Californ and Agent	An orași de									

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ID 21203-3146

BALTIMORE	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nouns after death. Page 6 may	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, be filed within 72 hours after death with the State Dept, of Heath and Mental Hyglene prior to burial, cramation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be
<b>3ALTI</b>	r death.	ne funeral al.	examin
	ours afte	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be filed within 72 hours after death with the State Dept. of Health and Memtal Hyglene prior to burial, cremation, or removal.	medicai
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	te be	rsician prior ta	traur
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ОЯ	es th	afth afth	8 30
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1	MP	Dept.	23
M	V: The	State	Hem
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S	TEN	TOR:	28 is
Σ	OR AT	DIRECTOR	lem ;
	TA	34L	=
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	2	5 9	M

	FOR STATE REGISTRAR		STATE OF M		) / DEPAR					MENTAL HYGIEI REG. NO		50	1140
	Anibal Antonio Hoyos										April 10, 1990 8:05PM		
	4. SOCIAL SECURITY NUME NONE	BER	5. SEX 1 M 2 F			IF UNDER	1 YEAR DAYS			7. DATE OF BIRTH (Month, Day, Year) May 5, 1905		Country)	ACE (State or Foreign
JR.	9a. FACILITY NAME (If not institution, give street and number) Potomac Valley Nursing Center							OR LOCAT		ATH		of DEA	
DIRECTOR	RESIDENCE OF DECEDENT  10a, STATE  10b, COUNTY					TY, TOWN C						1	0d. INSIDE CITY LIMITS?
	Maryland 100. STREET AND NUMBER		gomery		G	erman		f. ZIP COD				ZEN OF WH	YES 2 NO
FUNERAL	19409	IT EVER IN U.S			20874			NIC ORIGIN? (Specify Yon, Puerto Rican, etc.)		14. RACE -	- American Indian, White, etc.		
₽	1 Never Merried 2 XX 3 Wildowed 4 Dive		IF YES, GIVE Y	MAR OR DATES			1 XI YES CC	lumb	Specif		ICINICO (INC		ite
COMPLETED	(Specify on Elementary/Secondary (I	ly highest grade	College (1-4 or 5	-	(Give kind of life. Do NOT	work done ise retired.)	during m	ost of work	ing	Retail			
BE COM	17. FATHER'S NAME (First, A Lorenzo									ME (First, Middle, Maide Agudelo	n Surname)		
TO B	19a. INFORMANT'S NAME ( Amparo Ho									Route Number, City or To German town			74
	20a. METHOD OF DISPOSIT 1 Description Burner 2 Crematic	er place)	E OF DISPOSITION (Name of cametery, crematory or 20c, LOCATION — City or Town, State										
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  Rapp Funeral Services, P.A. 933 Gist Avenue, Silver Spring, MD 20910												
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such se cardisc or respiratory arrest, shock, or heart fellure. List only one cause on sech line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Severe Consequence of:											Approximate Interval Between Onset and Death	
N	Sequentially list conditions, D. Pulmonary Disease												
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury												
CERTIF	that initiated events resulting in deeth) LAST  d. Recurrent pneumonias												
MEDICAL	PERFORMED? AMAILABLE PRIOR TO											COMPLETION OF CAUSE OF DEATH?	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1												
ВУ РНУ	27. MANNER OF OEATH  1 K Natural 5  2 Accident	Pending investigation	28e. OATE O (Month,	Day, Year)	O 28b. TI	PM M	W	JURY AT ORK? YES 2	<b>₩</b> NO	26d. DEŞCRIBE HOV	/ INJURY OC	CURED	
	2 Accident Investigation 3 Suicide 6 Could not be determined 4 Homicide determined  28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify)  28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)											ute Number,	
COMPLETED	nool comy									a to the cause(a) and n			and manner as stated.
TO BE (	296. SIGNATURE AND TITL	E OF CERTIFIE	ulfara	1, 6	10			29c. LI	313		29d, DAT	SIGNED (	Month, Day, Year) 2-190
	30. NAME AND ADDRESS OF	) faya		1261		OP NT	901	mer	4	village	, Ave	ک کسے ا	5-10
	APR 13	90		AR'S SIGNATU		Ď.				0			

DHMH-16 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 13146, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	20 404 40G	BOX 13140,	icate be executed within	obsciolar and completely f
DIVISION OF VITAL RECORE  O THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that	0	JS, F.C.	the death certif	the attending t
DIVISION OF VITAL  O THE HOSPITAL OR ATTENDING PHYSICIAN: The	200010	. KECORI	aw requires that	a hoon ninned h
DIVISION  THE HOSPITAL OR ATTENDING		OF VIIAL	PHYSICIAN: The I	this andifferen he
O THE HOSPITAL		DIVISION	OR ATTENDING	DIDECTOR AND
			THE HOSPITAL	The Print Part

	FOR STATE REGISTRAR	STATE OF MARYL		MENT OF H		MENTAL HYGIEN	E				
		ARRISON				2. DATE OF DEATH DA	90	3. TIME OF DEATH 2 12PM			
		XX M 2 🗆 F	71 YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.		Co	RTHPLACE (State or Foreign ountry) COROLINA			
PO	PRINCE GEORGES HOSPITAL CENTER  CHEVERLY  PRINCE GEORGES  PRINCE GEORGES  PRINCE GEORGES  PRINCE GEORGES										
DIRECTO	10a. STATE 10b. COUNTY  MARYLAND P. 0		TOWN OR LOCAT	ASANT M	ſD.		10d. INSIDE CITY LIMITS? 1 VES 2 NO				
FUNERAL	10. STREET AND NUMBER 402 69th Place			20743		10g. CITIZEN	S . A .				
B	11, MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2X NO	If yes, sp		NC ORIGIN? (Specify Yee n, Puerto Rican, etc.) y:		NACE — American Indian, Black, White, etc.			
LETED	18. DECEDENT'S EDUCA (Specify only highest grade or Elementary/Secondery (0-12) 1-2 t h	TION  impleted)  College (1-4 or 5+)	16a. DECEDENT'S L (Give kind of w life. Do NOT use	ork done during mo		16b. KIND OF BUS	SINESS/INDUSTR	YY .			
BE COMPL	17. FATHER'S NAME (First, Middle, Last) WILLIE L. H.	ARRISON		Hone	Contract of the contract of th	ME (First, Middle, Meiden A HARRIS (					
10 B	19a. INFORMANT'S NAME (Type/Print) LOUEVA HARRIS		402 69	th Pl.	ST.PL	Route Number, City or Town EASANT, MD	207	43			
	20s. METHOD OF DISPOSITION   XBurtist 2 Cremation 3   Removal from State   4   Disnutist 2 Cremation 3   Removal from State   4   Disnutist 3   Chief (Specify)   LANDQVER MD.										
4	23. PART I. Enter the disease's, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest.  Approximate										
CERTIFICATION	shock, or heart failure. Li IMMEDIATE CAUSE (Final disease or condition resulting in dasth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evanta resulting in dasth) LAST	DUE TO (OR AS A		f Fai	iline	Lett		Interval Betw. Onset and Da			
: MEDICAL CER	PART II. Other significant conditions		ut not resulting l	n the underlyin	g cause given in	Part I. 24a. WAS AN PERFOR	RMED?	24b. WERE AUTOPSY FINDIN MARILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO			
SICIAN:		HOSPITAL:	patient 3 DOA	OTHER:	LACE OF DEATH (C)	6 Other (Specify)					
ВУ РНУ	27. MANNER OF DEATH  1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	20b. TIME	OF 28c. IN.	JURY AT ORK?	28d. DESCRIBE HOW I	NJURY OCCURE	D			
03	2 Accident 3 Suicide 4 Homicide 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, Stete) 28f. LOCATION (Street and Number or Bural Route Number of Bural Route Number of Rout										
COMPLET	one)	AN: To the best of my know On the basis of examination						use(e) end manner as stated			
BE	29b. SIGNATURE AND FITLE OF CERTIFIER	ISURY M	D. Alle	das	DIE	MBER (	29d. DATE SIG	31.90			
10	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	AWDOV	ER RO	AD CHE	EVERLY	mp:	20785 -			
H	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	ATURE								

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with the law after death. Page 6 may be retained by the hosp TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hydene prior to burfal, cremation, or removal.  IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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OR TATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
EGISTRAR	CERTIFICATE OF DEATH	REG. NO.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM			NTAL HYGIENE						
	1. DECEDENT'S NAME (First, Middle, Last)					DATE OF DEATH		3. TIME OF DEATH				
	Frances C.	Hostetler				04 03		10:20A M				
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	UNDER 1 YEAR	IF UNDER 24 HRS. 7.	DATE OF BIRTH	a BiRT	HPLACE (State or Foreign				
	287-05-2741	1 □ M 2 💢 F 7	9 YRS.	NTHS DAYS	NOURS MIN. M	arcii 3, 1	911 cour	)hio				
	9a. FACILITY NAME (If not institution, give s	treet and number)	9	b. CITY, TOWN C	R LOCATION OF DEAT	н	9c. COUNTY OF Ceci					
=	Union Hospita	11		E1kto:	n		Ceci	.1				
DIRECTOR	RESIDENCE OF DECEDENT	SIDENCE OF DECEDENT										
4	10a. STATE 10b. COUNTY			OWN OR LOCAT				10d. INSIDE CITY LIMITS?				
		in County	Lar	eHurs				1 X YES 2 NO				
FUNERAL	10e. STREET AND NUMBER			101	ZIP CODE		U.S.A	WNAT COUNTRY?				
		Cedarglen			08733							
	11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDENT EVER I FORCES? 1 YES			ENDENT OF HISPANIC relify Cuban, Maxican, F		or No— 14. RAG Bla	CE — American Indian, ck, White, etc.				
2	3 Wildowed 4 Divorced	IF YES, GIVE WAR OR D	ATES 1	1 TYES	2 NO Specify:		Spe	offy: White				
	15. DECEDENT'S EDUC	CATION	18a. DECEDENT'S US	HAL OCCUPATION	NA STATE OF THE ST	16b. KIND OF BUS	INECC/INDICETRY					
	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of word life. Do NOT use n	k done during mo	st of working	Too. KIND OF BOS	INCOO INTO					
2	1 2	College (1-4 or 5+)	Homema}	cer								
COMPLEIED	17. FATHER'S NAME (First, Middle, Last)		Homema.	.02	18. MOTHER'S NAME	(First, Middle, Maiden S	Surname)					
ם כ	Charles Proku	ın			Mary	No Inf		on				
ă	19a. INFORMANT'S NAME (Type/Print)	10	19b. MAILINO A	ORESS (Street a	nd Number or Rural Rou		, State, Zip Code)					
2	Charles A. Ho	ostetler			Road Ri			21911				
	20a. METHOD OF DISPOSITION	200	b. PLACE OF DISPOSIT	ON (Name of cer	netery, crematory or		ATION — City or					
	1 Donation 5 Other (Specify)	oval from State	St. Jose	ph R.C	. Cemete	ery Tom	s Rive	r Nj.				
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE			ID ADDRESS OF FACIL		E1kto	m, Md.				
	15 Eline 19	Mr. P.		Gee F	uneral F	Home 259	E. Ma	in St.				
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiretory arrest, ahock, or heart fellure. List only one cause on each line.											
1	ahock, or heert fellure.	Liet only one cause on e	ech line.				,	Interval Between Onset and Death				
4	iMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSCOUENCE OF):											
	resulting in death)	DUE TO (OR AS.	A CONSEQUENCE OF):	JFAICE	1102							
,		ZUSTURE	A CONSEQUENCE OF):	mal.	MONTIC	Angere	KM					
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE OF):	,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	711	4-1					
3	ceuse. Enter UNDERLYING CAUSE (Disease or Injury	. PARUME	NIA									
	that initieted events	DUE TO (OR AS	A CONSEQUENCE OF):									
E	reaulting in death) LAST	d				44						
	PART II. Other algnificant condition	ne contributing to death i	but not resulting in	the underlying	cause given in Pa	rt I. 24e, WAS AN	AUTOPSY 24	4b. WERE AUTOPSY FINDINGS				
CAL				2010 TOO TO		PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE				
MEDIC					-	_ 1 _ YES 2	No	OF DEATN?				
						-		1 YES 2 NO				
AZ	25. WAS CASE REFERRED TO MEDICAL	1	-	26 DI	ACE OF DEATH (Check	ontrone)						
BY PHYSICIAN:	EXAMINER?  1 YES 2 NO	HOSPITAL:		THER:								
-	27. MANNER OF DEATH	1 Inpatient 2 ER/Out 28a. DATE OF INJURY	28b. TIME (		e 5 Realdence 8	Other (Specify)  8d. DESCRIBE HOW IN	ILIBA OCCUBEO					
2	1 Natural 5 Pending	(Month, Day, Year)	INJUR	Y WC	RK?	ou. Degothoe not i	SOM COOCILED					
	2 Accident Investigation	28e, PLACE OF INJUR	Y — At home, farm, atre	1111		8f. LOCATION (Street a	nd Number or Bure	I Boute Number				
3	3 Suicide 8 Could not be 4 Homicide determined	building, atc. (Spe	ecify)	out tablery, office		City or Town, State)	na remote or ridia	rrodio rumon,				
COMPLEIED	29a. CERTIFIER											
2	(Check only	ICIAN: To the best of my know										
3	2 MEDICAL EXAMINER: On the Desia of examination and/or investigation, in my opinion, death occured at the time, data end place, and due to the cause(a) and manner as stated.											
2	29b. SIGNATURE AND TITLE OF CERTIFIE	R			29c. LICENSE NUMBI	_		EO (Month, Day, Year)				
2		O COMPLETE COMP	PAYIA #2011	7.00	D333	75	04/	04/90				
	THOMAS E, FINU			·	of Ellis-	m 1/D 0	1001					
	31. DATE FILED (Month, Day, Year)											
			MATURE									
	APR 4 '90	Gelia Davidse	nature Pandelle									

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the medical examiner must be notified at once.

ı	24	file	HOU,	the
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 in	TO THE FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and completely fille	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation,	IMPORTANT; If item 28 is marked, or item 23 shows any injury, or other traumatic event, the
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BE COMPLETED BY PHYSICIAN: |

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25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 VES 2 NO

27. MANNER OF GEATN

1 Natural
2 Accident

3 Sulcide

													20	11700
	FOR STATE REGISTRAR		STATE OF M	MARYLAN	D / DEPAI CERTIF					MENTAL	REG. NO.	E		
	1. OECEDENT'S NAME (First,	Middle, Last)									OF DEATH		3.	TIME OF DEATH
ı		MELIA	HUFF							04	15	1		14:15 *
- 1	4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE (In y	s. last birthday)	IF UNDER		IF UNDER			DE BIRTH	1	8. BIRTHPLA Country)	ACE (State or Foreign
	212-38-5412		1 M 2 X F	MONTHS	DAYS	HOURS	MIN.	10-16-02   Mary1						
	9e. FACILITY NAME (If not institution, give street and number)					9b. CITY	r, town c	R LOCATI	ON OF D	EATH		9c. COUNTY OF DEATH		
OR	Memorial H		al & Medi	cal C	enter	CU	MBER	LAND				ALL	EGANY	,
5	RESIDENCE OF DEC	10b. COUNT	,		T	TY, TOWN							-	
FUNERAL DIRECTOR	Maryland					rants							1.0	d. INSIDE CITY LIMITS?
	Maryland Garrett					Laire		. ZIP COD				40- 01717		YES 2 NO
MA I			Box 141)				101		1536					I COUNTRY?
9 1		(1.0.											USA	
5	11. MARITAL STATUS		12. WAS OECEOEN FORCES? 1							NIC ORIGIN	? (Specify Yes	or No-	14. RACE - Black, W	American Indian, Vhite, etc.
BY	1 Never Merried 2 3 XWidowed 4 Divo		IF YES, GIVE W				1 TYES						Specify:	
			!											white
		EOENT'S EDU y highest grade		16	(Give kind of life. Do NOT	work done	during mo	ON at of worki	ing	18b.	KIND OF BUS	SINESS/IND	USTRY	
	Elementary/Secondary (0	0-12)	College (1-4 or 5	·) /										
COMPLETED			Owner/Operator						rocer		re			
႘၂	17. FATHER'S NAME (First, Middle, Last)							1.00			fiddle, Maiden	Surneme)		
H	William H. Guinn								_	ie St				
ဥ	19a. INFORMANT'S NAME (Type/Print)										er, City or Tow		Code)	
-	Luther M. H			_	P.O. Box 141, Grantsvil								-	
	20e. METHOD OF DISPOSIT	TON on 3 ☐ Rem	loval from State	20b. Pt	Ob. PLACE OF DISPOSITION (Name of cemetery, crematory or other place)					Grantsville,				
	4 Donetion 5 Dother	. , ,,		GI	Grantsville Cemetery						Gra	antsv	ille,	MD
1	21. SIGNATURE OF FUHERA	SERVICE LIC	CENSIA		22. NAME AND ADDRESS OF FACILITY Newman Funeral Homes, P.A.									
	D. Le	ma	1 teur	rau		Grantsville, MD 21536								
	23. PART I. Enter the C					not ente						retory erro	est,	Approximate
			Liet only one cet	use on aact	Ilna.									Interval Between Onset and Death
l	IMMEDIATE CAUSE (Findisease or condition	nai	$\Delta T$	A = 1	0.		tie		La	7	Rin			
	reaulting in death)		OUE TO	(OR AS A CO	NSEQUENCE				Mr w	<i>~</i>	W-M			1
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<u>ō</u>	Sequentially list condit if any, laading to imme		DUE TO	(OR AS A CO	NSEQUENCE	OF):								
Χ	ceuse. Entar UNDERLY	ING	•											
CERTIFICATION	CAUSE (Disease or Injuthat Initiated events	ury	DUE TO	(OR AS A CO	NSEQUENCE	OF):		_						
F	resulting in deeth) LAS	ST	d											
	DARKE II OF			Week Tree									1,	
A	PART II. Other significa	ent condition	ns contributing to	death but	not rasulting	in the u	nderlyin	g cause	given in	Part I.	24a. WAS AN PERFO		All	ERE AUTOPSY FINDINGS WAILABLE PRIOR TO
MEDICAL	mysol	٧, ١٨	taily	4							1 TES	KNO		OMPLETION OF CAUSE   F DEATH?
	Chron	<u> </u>	rend	a	ilu	(							1	YES 2 NO

8 Could not be determined 4 Nomicide 29e. CERTIFIER 1 🄀 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, dete end place, end due to the MEDICAL EXAMINER: On the b

OTHER:

29b. SIGNATUR

28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)

AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

28c. INJURY AT WORK?

1 YES 2 NO

26. PLACE OF OEATH (Check only one)

D 14865

5 ☐ Residence 8 ☐ Other (Specify)

28d. OEŞCRIBE HOW INJURY OCCURED

28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)

30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA

28e. OATE OF INJURY (Month, Day, Year)

Memorial Hospital Medical Building, Cumberland, MD 21502 DR. BARRERA

32. REGISTRAR'S STONATURE

James

-16-90

80311 03

J.

H = 40 E

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IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - FOR STATE REGISTRAR	STATE OF MARY		MENT OF H		MENTAL HYGIE REG. N						
	1. DECEDENT'S NAME (First, Middle, Last)  IOLA	AGATHA	HARLEY			2. DATE OF DEATH MONTH APRIL 9,	<sup>DAY</sup> 1990	3. TIME OF DEATH 07:23 AM M				
	4. SOCIAL SECURITY NUMBER 213-40-7499		68 YRS.	Month, Day, Year)				BIRTHPLACE (State or Foreign Country) Maryland				
OR	9a. FACILITY NAME (If not Institution, give PHYSICIANS MEMOR	The second secon		9b. CITY, TOWN C	R LOCATION OF DE	HTA	9c. COUNTY OF DEATH CHARLES					
DIRECTOR	RESIDENCE OF DECEDENT  10a, STATE  10b, COUNT	TY	10c. CITY	TOWN OR LOCAT	ION			10d, INSIDE CITY				
								1 VES 2 NO				
ERAL	ROUTE 1, BOX 63-	-A			. ZIP CODE 0640		USA	N OF WHAT COUNTRY?				
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 M Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	2 NO	13. WAS DEC	ENDENT OF HISPAN acity Cuben, Mexica 2 NO Specify	-	RACE — American Indian, Black, White, atc.  Specify: AMERICAN INDIAN					
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	UCATION te completed) College (1-4 or 5+)	Ilfe. Do NOT use	ork done during mo retired.)	ON st of working		USINESS/INDUS					
OMP	9TH GRADE  17. FATHER'S NAME (First, Middle, Last)	-	HOMEMA	AKER	18. MOTHER'S NA	ME (First, Middle, Maid	A Sumama)					
	MELVIN HARVEY	1				IE PROCTO						
TO BE	19e. INFORMANT'S NAME (Type/Print)				nd Number or Rural I	Route Number, City or T	own, State, Zip Co					
	JOHN M. HARLEY, S					N HEAD, M	ARYLANI LOCATION — CIT					
	1 A Buriel 2 Cremetion 3 Rec	moval from State	Other place)	NEE OF DISPOSITION (Name of cometery, crematory or profess)  PETER'S CEMETERY			WALDORF, MARYLAND					
	22. NAME AND ADDRESS OF FACILITY THE HUNTT FUNERAL HOME, INC. P.O. BOX 156, WALDORF, MARYLAND 20604-0156											
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, ahook, or heert feliure. List only one cause on each line.  Approximate interval Between											
	IMMEDIATE CAUSE (Final disease or condition resulting in death)		), ,	IN-	Franct	TON		Onset and Death				
~	resulting in death)  a. My OCOVOLIA!  DUE TO (OR AS A CONSEQUENCE OF):  123											
ATIO	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury  b. Corporation by the property of the conditions of the condition											
CERTIFICATION	CAUSE (Disease or Injury that Initiated eventa resulting in deeth) LAST  CAUSE (Disease or Injury Due TO (OR AS A CONSEQUENCE OF):  DISEASE  C. DISEASE  DIS											
	DART II Oh a darida an an div	d.										
PHYSICIAN: MEDICAL	PART II. Other algorificent condition	inal contributing to deeth	out not requiring in	n the underlyin	g cause given in		AN AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO				
Z.												
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:											
HYS	1 TYES 2 NO	1 Inpatient 2 ER/Ou 28e. DATE OF INJURY	Y 28b, TIME	E OF 28c. IN.	URY AT	6 Other (Specify) 28d. DESCRIBE HOV	V INJURY OCCU	RED				
ВУ Р	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year	) INJI	M 1	YES 2 NO							
	3 Suicide 6 Could not be 4 Hornicide determined	26e. PLACE OF INJUI building, etc. (Sp	RY — At home, farm, soecify)	me, farm, street, factory, office 28			28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
COMPLETED	CONSCR ONLY	SICIAN: To the best of my known NER: On the basis of examinat			will a company of the			cause(s) end manner as stated.				
BEC	29b. SIGNATURE AND TITLE OF CERTIFI	ER 7	<b>△</b>		MBER	29d. DATE S	BIGNED (Month, Day, Year)					
10 8	o Jacob Marie Bolle 3 1 4 april											
-	30. NAME AND ADDRESS OF PERSON W	COSON A	DEATH (ITEM 27) (Type,	By	when .	e hime	MA	20613				
	31. DATE FILEO (MPR T 1 90	32. REGISTRAR'S SI	MATURE Rand	ell	1							

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IMPORTANT: If

or attending physician.

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nding physician and completely filled in by Hygiene prior to burial, cremation, or remo executed within requires that the death certificate be aftending signed by the after Health and Mental been signed to has be OR ATTENDING PHYSICIAN: The law this certificate State the with After death DIRECTOR: hours after HOSPITAL FUNERAL | 물목물

2. DATE OF DEATH DAY 1, DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH YEAR Pauline Hunt 1990 April 6, 3:35PM 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year 8. BIRTHPLACE (State or Foreign DAYS HOURS 95 1 M 2XXF YRS Nov. 16 1894 MARYLAND 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c, COUNTY OF DEATH Maryland General Hospital Baltimore City DIRECTOR RESIDENCE OF DECEDENT 10b. COUNTY 10e, STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND ANNE ARUNDEL ANNAPOLIS 1 YES 2 NO FUNERAL 10s. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 340 FOREST BEACH ROAD 21401 U.S.A. 11, MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE - American Indian, Black, White, atc. FORCES? 1 YES 2 2XXNO If yes, specify Cuban, Mexican, Puarto Rican, etc.) 1 Never Married 2 Married 1 TES 2X NO Specify: Specify: BY 3 X Widowed 4 Divorced BLACK ETED. 15. DECEDENT'S EDUCATION 16a, DECEDENT'S USUAL OCCUPATION 185 KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) (Give kind of work done during most of working ille. Do NOT use retired.) Elementary/Secondary (0-12) Coffee (1-4 or 6+) COMPL DOMESTIC 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) ALEXANDER ROBINSON ALIEE PORTER BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 340 FOREST BEACH RD. ANNAPOLIS, MD. 21401 CORINE JOHNSON 20s. METHOD OF DISPOSITION

1/5 Burlel 2 Cremation 3 Removal from State 20c. LOCATION - City or Town, State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or Donation 5 Other (Specify) ASBURY BROADNECK CHURCH CEMETER ST. MRRGERTS. MD. 22. NAME AND ADDRESS OF FACILITS 21 WEST 21. SIGNATURE OF FUNERAL SERVICE LICENSEE ST40ANNAPOLIS, MD. da Beese WILLIAM REESE & SONS MORTUARY, P.A. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or heart fallure. List pnly one cause on each line. Interval Between Onset and Death **IMMEDIATE CAUSE (Fine)** disease or condition Congestive heart failure resulting in death) DUE TO JOB AS A CONSEQUENCE OF Pre renal azotemia CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL PERFORMED? AVAILABLE PRIOR TO Transient ischemic event COMPLETION OF CAUSE 1 YES 2 XNO OF DEATH? Urinary tract infection 1 YES 2 NO PHYSICIAN: Anemia 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2X NO 1 X Inpetient 2 ☐ ER/Outpetient 3 ☐ DOA 4 - Nursing Home 5 - Residence 8 - Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED 1 🖺 Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — Af home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide ED 6 Could not be 4 🔲 Homicide determined COMPLET 29e. CERTIFIER 1 (Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or provide ligation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE n/a 4-6-2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) c/o Maryland General Hospital Thomas Teather, N.D 31. DATE FILED (Month, Day, Your)
APR 1 0 32. REGISTRAR'S SIGNATURE 1990 0 who Davidson Bridge

223

or attending physician.

TO THE HOSPIT	TO THE FUNER	filed withi	MPORTAN
2	2	2	2
9		1	
1	1	1	1

31. DATE FILED (Month, DATE 1

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
William P. Jones, MD

32. REGISTRAR'S SIGNATURE who Diwy work with the Manual Control of the Control of

												90	111	109
	FOR 1 - STATE REGISTRAR	STATE OF M	MARYLAND /			T OF HI				YGIENE EG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)		100						2. DATE OF I	DEATH		YEAR	TIME OF OEAT	н
	JAMES		ARRIS						4	7		0 1	1405	М
	4. SOCIAL SECURITY NUMBER						7. DATE OF E (Month, De	y, Year)		Country)	CE (State or Fo.	reign		
	218-12-9671	1 M 2 - F	69	YRS.					4/25	5/2	0 M	ARYLA	ND	
	ME. FACILITY NAME (If not institution, give	street and number)			9b. CITY	r, TOWN OI	R LOCATIO	ON OF DE	ATH		9c. COUNT	Y OF DEATH		
P	TINNE ATYU	Nde	Gea	U	1	TNI	NA	200	1/15			1/1	<i>ナ</i> ,	
[ I	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNT	TY .		10c, CIT	Y. TOWN	OR LOCATI	ON	y			,	10d	I. INSIDE CITY	
DIRECTOR	MARYLAND AN	.T	ANN	NAPOL	IS						1.0	LIMITS?	NO	
	10e. STREET AND NUMBER					101.	ZIP CODE			1	10g. CITIZE		COUNTRY?	
FUNERAL	570 BELLEVIE DR.	APT. 311				21	401			- 1	U.S	. A.		
N	11. MARITAL STATUS	12 WAS DECEDEN	IT EVER IN U.S. AR	MED	13.	WAS DECE	NDENT O	F HISPAN	IC ORIGIN? (S	pecify Yea	or No— 1	RACE —	American India	in,
	1 Never Merried 2 Merried	FORCES? 1	X YES 2 1	00		If yes, spe 1 YES	cify Cube	n, Mexicer	n, Puerto Ricar	ı, elc.)		Black, Wi Specify:	ilte, etc.	,
BY	3 Widowed 4 Divorced	KOREAN	WIT ON DATES				MANO	оросну					LACK	
8	15. OECEDENT'S EON (Specify only highest grad		16a. DE	CEDENT'S	USUAL O	CCUPATIO	N it of workin	0	16b. KIN	D OF BUS	INESS/INDUS	STRY		
3	Elementary/Secondery (0-12)	College (1-4 or 5		BOREI		during mos	t or working	¥	ANINI	A DOT T	C DAN	D 8 (I	GRAVEL	
MP			LA	BUKEI					AMM	AI OLI	J DAN	Dat	IKWAED	
NO.	17. FATHER'S NAME (First, Middle, Last)						ME (First, Middl		Sumame)					
BE COMPLETED	MARSHALL BROWN				<u> </u>	HRIS	TINE	E HARR	IS					
0	19a, INFORMANT'S NAME (Type/Print)		Alling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code)  DELLEVIE DR. APT. 311 ANNAPOLIS, MD. 21401											
-	BERTHA HARRIS	ELLE	VIE D	)R. <i>P</i>	APT.	311 A								
	20e. METHOD OF DISPOSITION 1 ☑ Buriel 2 ☐ Cremetion 3 ☐ Ren	aca)		ame of cem		-			ATION - CH			NID		
	4 Donetion 5 Other (Specify)	AND '		RAN C				1			MARYLA			
	21. SIGNATURE OF FUNERAL SERVICE L	22.	NAME AN	D ADDRE	SS OF FAC	821 e	WEST	ST.	ANNA	ggLis,	MD.			
	Lany G. Reese WILLIAM REESE & SONS MORTUARY, P.A										Α.			
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, auch as cerdiec or reepiratory arrest,  Approximate													
	shock, or heart failure. List only one cause on each line.  Interval Between Onset and Death													
	disease or condition and the myocardial Turaretion													
	nesulting in death)  a. //WWTE // WYTE													
Z	Sequentially list conditions.  Aute Myocardial Interview  Due to (or as a consequence of):  Sequentially list conditions.  Aute Myocardial Interview  Ardiovascular Disease													
밀	If any, leeding to immediate													
2	CAUSE (Disease or injury													
F	that initiated events DUE TO (OR AS A CONSEQUENCE OF):													
CERTIFICATION	resulting in death) LAST													
	PART ii. Other aignificant condition	ne contributing to	deeth but not i	reaulting	In the u	nderlying	ceuse	given In	Part i. 24	. WAS AN			RE AUTOPSY FI	
MEDICAL										PERFOR	- 1	CO	MPLETION OF C	
									''	169 2	X	l .	DEATH?	MO.
					-1-							''	YES 2 []	NO
N	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)													
PHYSICIAN:	EXAMINER?	HOSPITAL:	ER/Outpatient 3	DOA DOA	OTHE 4 Nu	R:			8 🗆 Other (Sp	necify)				
¥	27. MANNER OF DEATH	28a. DATE OF	FINJURY	28b. TII	WE OF	28c. INJU	JRY AT		28d. DESCRI		JURY OCCU	RED		
ВУР	1 Natural 5 Pending 2 Accident Investigation		Day, Year)	IN	JURY	1 TY	ES 2	ON [						
	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE (	OF INJURY — At he , atc. (Specify)	ome, ferm,	street, fac	ctory, office			281. LOCATIO		nd Number o	Rural Route	Number,	
TE	4 Homicide determined	ourolly,	, and (opposity)						July Dr 10	own, State)				
COMPLETE	29a. CERTIFIER 1 CERTIFYING PHYS	SICIAN: To the best o	f my knowledge, de	eath occur	red at the	time, date	end place	, end dua	to the ceuse(s	a) and man	ner as stated	1.		
MC	one)	IER: On the beele of e											d manner ea s	tated.
ЕСС	29b. SIGNATURE AND TITLE OF CERTIFI					Т	29c_LIC	ENSE NUN	ABER	Т	29d. DATE	SJGNĘĎ (Mo	onthy Day, Year)	
8	1/1/1/1/1 A	1	> m					01	20.50	4	14	1/8	101	

DHMH-16 Rev 1/89

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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ital or	1 for u		
s hosp	etache		nce.
by the	be de		at o
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Zamours after death. Page 6 may be retained by the hospital or attends	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as t		IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
y be	page (		pe 1
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HYSIC	this ce	with t	ked,
NING F	After 1	death	E
TEN	TOR:	after	28 19
OR A	DIREC	Nours	The The
PITAL	ERAL	121	THI
HOS	FUN	with	TAN
O THE	O THE	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	MPO

FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND N	MENTAL HYGIENE REG. NO.
1. DECEDENT'S NAME (First, Middle, Last)  Mary M	Hayes	2. DATE OF DEATH DAY
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. lest birthdey) IF UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)

1. DECEDENT'S NAME (First	, Middle, Last)	1 1			ž.					2. DAT	E OF DEATH	DAY	YEAR	3. TIME OF DEATH
Mary	PI	Haye	0							4	8 19	***		м
4. SOCIAL SECURITY NUM	BER	5. SEX	6. AGE	In yrs. les		IF UNDER 1	PAYS	IF UNDER	24 HRS. MIN.	7. DAT	E OF BIRTH		8. BIRTI Count	HPLACE (State or Foreign ny)
220-44-0766		1 □ M 2½€ F	85		YRS.	ONTINO	ant o	noona	MINITE.	3		1905	MA	RYLAND
Se. FACILITY NAME (If not in	nstitution, give s	street and number)						OR LOCATIO	ON OF DE	ATH			UNTY OF E	
ANNE ARUNDE		CAL CENT	ER			ANN	IAP	OLIS				AN	NE A	RUNDEL
10a. STATE	10b. COUNT	Y			10c. CITY,	TOWN OR	LOCAT	TION						10d. INSIDE CITY LIMITS?
MARYLAND	ANNE	ARUNDEL			ANNA:	POLIS	3							1 TES 2 NO
10e. STREET AND NUMBER							101	. ZIP CODE	E			10g. Cf	TIZEN OF	WHAT COUNTRY?
1332 YORKTO	WN ROA	D					21	401				U	.S.A	•
11. MARITAL STATUS		12. WAS DECEDER		N U.S. AR							IN? (Specify )	es or No-	14. RAC	E — American Indian, k, White, etc.
I ☐ Never Married 2 ☐ 3 🕅 Wildowed 4 ☐ Div		IF YES, GIVE						2 XNO	Specify		o recen, etc.)		Spec	
						1	_			-				LACK
15. OEC (Specify on	EDENT'S EDU ly highest grade	CATION completed)		(Gi	CEDENT'S U	rk done du	UPATIO ring mo	ON ast of workin	g	1	Bb. KIND OF B	USINESS/II	IDUSTRY	
Elementary/Secondary (	0-12)	College (1-4 or 5	+)		OUSEW									
I7. FATHER'S NAME (First, A	ficidle, Last)					-		18. MOTH	HER'S NA	ME (First	, Middle, Maid	en Surname)		
MOSSON SC	ROGGIN	S						E	DNA	HEI	NSON			
19a. INFORMANT'S NAME (				191	b. MAILING A	DDRESS (	Street a	and Number	or Rural I	Route Nu	mber, City or T	own, State, 2	(ip Code)	
WILLARD WR	IGHT			1	332 Y	ORKT	NWC	ROA	D AN	NAP	DLIS,	MARYI	LAND	.21401
20a. METHOD OF DISPOSIT	rion on 3 🗆 Rem	noval from State		other pic	OF DISPOSIT					ME		OCATION -		own, State TS, MARYLAN
Donation 5 Other		CENSEE	_ AS	BUKY	BROA						1			
De La Company	L SERVICE LI	1 A									SONS M			NAPOLIS, ME P.A.
23. PART i. Enter the c	liseeses, or	complications the	at cause	d the de	ath. Do no									Approximate
shock, or t	neart failure.	List only one ca	Use on a	ach line	).							, ,		interval Between
IMMEDIATE CAUSE (FI disease or condition	nel	0 0-1				1								Onset and Death
resulting in death)	<b>→</b>	a. Caran	70	0	QUENCE OF	0								
		DOE IC	OH AS	CONSE	JUENCE OF)	11/2	1,1							i
Sequentielly list condi-		b. DUE TO	OR AS	CONSE	DUENCE OF	11/6	63							
If eny, leading to imme cause. Entar UNDERLY														İ
CAUSE (Disease or Injuthat initiated events	ury 🚡	DUE TO	OR AS	CONSE	QUENCE OF)									1
reaulting in death) LAS	ВТ .	ar.												
PART il. Other algnific	ant condition	na contributing to	death b	out not r	resulting in	the und	erlyin	g cause (	given in	Part I.		AN AUTOPS' ORMED?	Y 24	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
Chille	10,00	NOV 9	401	in	1	esu	26	eles			1 TYES	2 AND	-	COMPLETION DF CAUSE OF DEATH?
11656. 6	asea	10 9	an	201	2000	al	1	ae						1 _ YES 2 _ NO
		, ,	6			0								
25. WAS CASE REFERRED ' EXAMINER?	TO MEDICAL							LACE OF D	EATH (Ch	eck only	one)			
1 YES 2 NO		HOSPITAL:	☐ ER/Out	patient 3		OTHER:		ne 5 🗆 Re	esidence	6 🗆 01	her (Specify)			
27. MANNER OF DEATH		28s. DATE O	F INJURY Day, Year)		28b. TIME INJU	OF 2		JURY AT		28d. D	ESCRIBE HOV	V INJURY O	CCURED	
	Pending Investigation	(Month),	Day, Today		11130	м		YES 2	NO					
2 Accident 3 Suicide	Could not be	28e. PLACE			ome, ferm, st	reet, factor	y, offic	en .					er or Rural	Route Number,
4 Homicide	determined	bulloning	, etc. (Spe	сну)							ty or Town, Sta	ite)		
29a. CERTIFIER 1 TER	TIFYING PHYS	SICIAN: To the best of	d my know	riodes de	with operation	at the tie	a date	and place	and due	to the	causals) and -	Danner er o	tated	
Torreck orny														(a) and manner as stated.
			Der.											
29b. SIGNATURE AND TITL	LOTA	7/1 m	1)					z9c. LIC	ENSE NUI	MBER クライ	0	29d. D.	SIGNE	D (Month, Day, Year)
30. NAME AND ADDRESS O	OF BERRON	9 11/	IDE CO D	ATM OT-	M on o	D-(-4)		1	19	/)	0		////	170
30. NAME AND ADDRESS O	A PERSON WI	HO COMPLETED CAI	Jac OF DE	AIH (II'E	m 21) (Mpe, 1		1	51	0	1.0	1.0	10 1	2nn	an Per M
11(901)	370	11111	10/1		11/1	4		1	196	1º4	V [77]	4/	711/	4000 11B
31. DATE FILED (Month, Day	, 10ar)	32. REGISTR	AH'S SIG	NATURE	.02					V				2/40

The formal to the second to the

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 months. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

_	REGISTRAR	CERTIFIC	CATE	OF DEATH	REG. I	VO.		
	1. DECEOENT'S NAME (First, Middle, Last)  ALPRED G. H	OLLANI	0		2. OATE OF DEATH	54	90 a	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE 214-44-1951 1X M 2   F		F UNDER 1 YE		7. DATE OF BIRTH	46	8. BIRTHPL Country) MARYL	ACE (State or Foreign
	9a. FACILITY NAME (If not institution, give street and number)	9	b. CITY, TO	YN OR LOCATION OF OR	ATH	9c. CO	UNTY OF DEA	
DIRECTOR	ANNE ARUNDEL MEDICAL CENTER	A	NNAPO	LIS		Al	NNE AR	UNDEL
E C	10a. STATE 10b. COUNTY	10c. CITY,	TOWH OR LO	CATION			10	od. INSIDE CITY
	MARYLAND P.G.	MIT	BHELL	VILLE			1	□ YES 2 □ NO
₹ S	10e. STREET AND NUMBER			101. ZIP COOE		-	TIZEN OF WHA	AT COUNTRY?
FUNERAL	17106 QUEEN ANN BRIDGE ROAD  11. MARITAL STATUS  12. WAS DECEDENT EVER	W. I.O. ADMED	1	20716			S.A.	
BY FU	1 Never Married 2 Married FORCES? 1 YES	2 X NO	If yes	DECENDENT OF HISPAN I, specify Cuban, Mexica YES 2 X NO Specify	n, Puerto Rican, etc.	Yes or No-	Specify:	- American Indian, White, etc.
8	15. OECEOENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S US	SUAL OCCUI	PATION a most of working	16b. KIND OF	BUSINESS/IN	BLAC	
	Elementary/Secondary (0-12) Coffege (1-4 or 5 +)	ille. Do NOT use	retired.)	R <b>?</b> BUILDER	CEI	F EMPI	OVED	
COMPLETED		CONT	KACIO					
	17. FATHER'S NAME (First, Middle, Last) ALFRED H. HOLLAND				ME (First, Middle, Mai LEE WATKI			1
BE	19a, INFORMANT'S NAME (Type/Print)	19b. MAILING A	DDRESS (Str	eet and Number or Rural I			Zin Code)	
임	LINDA HOLLAND							E, MD. 2071
	tv□ Burial 2 □ Cremation 3 □ Ramoval from State	ob. PLACE OF DISPOSIT other place) HILL CREST	ION (Name o	f cemetery, crematory or	20c	LOCATION -	LIS, M	n, State
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		-	E AND ADDRESS OF FA				APOLIS, MD.
	Jan 1 Bee		WILL	IAM REESE				
	23. PART I. Enter the diseases, or complications that caus shock, or heart fellure. List only one cause on IMMEDIATE CAUSE (Final disease or condition resulting in death)	ed the deeth. Do no eech line.	Sha	mode of dying, suc	h as cardlec or re	eapiratory a	errest,	Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	A CONSEQUENCE OF:  A CONSEQUENCE OF:	rbd ne	Coage Chitus	( Quar	the a	newys F	10 hr
EDICAL	PART II. Other eignificant conditions contributing to death  Caraman  Staff	but not resulting in	the under	lying ceuse given in	PER	AN AUTOPS' FORMED?	6	VERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?   YES 2 NO
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSDITAL:		OTHER:	6. PLACE OF OEATH (Ch	eck only one)			
PHYSICIAN: M	1 VES 2 NO 1 Impatient 2 ER/O  27. MANNER OF DEATH  28a. DATE OF INJURY (Month, Day, Year)	Y 28b. TIME	OF 280	Home 5 Residence : INJURY AT WORK?  YES 2 NO	6 Other (Specify) 28d. DESCRIBE HO	W INJURY O	CCURED	
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide detarmined 26a. PLACE OF INJU building, stc. (S)	RY — Al home, farm, str pecify)			28f. LOCATION (St. City or Town, S		per or Rural Rou	zte Number,
COMPLET	29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my kn one)  2 MEDICAL EXAMINER: On the basis of examinar							and menner as stated.
TO BE (	GARYM, Renaulsen.	M.D.		D/72	255	<b>▶</b> ,	Z-9	-50
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GARY M, R, CLAR dsow, N	DEATH (ITEM 27) (Type, F	DR6	es Stre	et Arra	APO	13.8	nd. 2140/
	APR 1 2 1990 July Day	BHASE						

State of the state of the state of the state of

ined by the hosp	nould be detache	fled at once.	
де 6 тау be ret:	irector, page 5 s	r must be not	
s after death. Pa	to by the funeral or removal.	dicai examine	
ed within 24 nou	ompletely filled in	event, the me	
ficate be execute	physician and cone prior to buria	her traumatic	
it the death certi	by the attending and Mental Hygie	f Injury, or ot	
law requires that	has been signed Dept. of Health a	23 shows an	
PHYSICIAN: The	this certificate h	rked, or item	
OR ATTENDING	DIRECTOR: After ours after death	tem 28 is ma	
TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT. If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	

	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPAR	TMENT O	F HEALTH	AND M	ENTAL HYGIENI REG. NO.	90-	11412	
į	1. OECEDENT'S NAME (First, Middle, Last) Cliffore	d Willi	am Harr	cell.	Sr.		2. DATE OF DEATH DA April 6,	1990	3. TIME OF DEATH 0254 M	
	4. SOCIAL SECURITY NUMBER 5.		n yrs. lest birthday)	IF UNDER 1 YE		24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8.	BIRTHPLACE (State or Foreign Country)	
	229-24-0510		64 YRS.				MAY 10,	1925	VIRGINIA	
œ	9a. FACILITY NAME (If not institution, give street				WN OR LOCATIO			9c. COUNTY		
ᅙ	Calvert Memoria	1 Hospital		Prin	ce Fred	eric	K	Cal	vert	
DIRECTOR	MD. STATE 10b. COUNTY ST. MA	ARY'S CO.		Y, TOWN OR L EXINGT	ON PARK	(	_		10d. INSIDE CITY LIMITS? 1 YES 2 XNO	
	10e. STREET AND NUMBER				101. ZIP CODE			10g. CITIZEN	OF WHAT COUNTRY?	
띩	13 SUE DR.				2065	53		U.S	.A.	
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	2. WAS OECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2VZ NO	If ye		n, Mexican,	C ORIGIN? (Specify Yea Puarto Rican, etc.)	or No- 14.	RACE — American Indian, Black, Whita, etc. Specify: WHITE	
COMPLETED	15. OECEDENT'S EDUCATI (Specify only highest grade con	ION moleted)	16a. DECEDENT'S		PATION ng most of working	a	16b. KIND OF BUS	INESS/INDUS	TRY	
9	Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT u	se retired.)						
₹	3 RD. GRADE  17. FATHER'S NAME (First, Middle, Last)		TIMBER	CUTT			LOGGIN			
	EVERETT HARRELL						E (First, Middle, Meiden	NLEY		
8	19a. INFORMANT'S NAME (Type/Print)		19b. MAJLING	ADDRESS (S		YRTLE or Rural Ro	E A. STA		de)	
임	LOUELLA MAE HARRELI	С	13 SU	E DR.	LEXI	NGTO	N PARK, MI	2065	53	
	20s. METHOO OF DISPOSITION 1XC Buriel 2 Cremation 3 Remove	20b.	PLACE OF DISPO						or Town, Stata	
	4 Donation 5 Other (Specify)		EVERGREE					NGTON	PARK, MD.	
	21. SIGNATURE OF FUNERIAL SERVICE LICENT	Gardin	w	MA	MATTINGLEY-GARDINER FUNERAL HOME, P.A. P.O. BOX 270, LEONARDTOWN, MD. 20650					
ATION	Sequentially list conditions,	t only one cause on es	CONSEQUENCE O	T. n:			as cardiac or resp.		Approximata Interval Between Onset and Peath  4/6/60  4/5/90	
CERTIFICATION	CAUSE (Disease or Injury that Initiated events resulting in death) LAST	DUE TO (OR AS A	consequence of	n: arres	tand	Larai	neteur i	furet	4/4/90	
PHYSICIAN: MEDICAL C	PART II. Other algorificant conditions of chronic obstructions of the chronic obstruction of the chronic obstruction of the chronic obstruction of the chronic obstruction of the chronic obstruction of the chronic obstruction of the chronic obstruction of the chronic obstruction obstruction of the chronic obstruction obstruct	thre pulmo				lven in P	Part I, 24s. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
CA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:		OTHER:	26. PLACE OF DE	EATH (Chec	ck only one)			
YSI	1 YES 2 1 NO 1	Inpatient 2 ER/Outp		4 🗆 Nursing			Other (Specify)			
ву Рн	27. MANNER OF DEATH  1  Natural 5 Pending 2  Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TR	JURY	c. INJURY AT WORK? I YES 2		28d, DEŞCRIBE HOW I	NJURY OCCUP	RED	
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec		street, factory	, office		28f. LOCATION (Street of City or Town, State)	and Number or	Rural Route Number,	
COMPLETED	cool only	AN: To the best of my knowl On the beels of axamination							:ause(a) and menner as stated.	
BE C	296. SIGNATURE AND TITLE OF CERTIFIER	w			29c. LICE	ENSE NUM	BER	29d. DATE S	IGNED (Month, Day, Year)	
TO B	ymalt-K.	teaus			D3	952	2	14	16/90.	
F	30. NAME AND ADDRESS OF PERSON WHO C		ATH (ITEM 27) (Type		Prince	Frede	erick, Mar	ryland		
	31. DATE FILED (MORT) Pay, 1997 '90	32 REGISTRAR'S SIGN.	ATURE 4 door - Hang	<del></del>						

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BALIIMORE, MARYLAND	urs after death. Page 6 may be retained by the hos	lied in by the funeral director, page 5 should be detach it, or removal.	e medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Jurs after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely med in by the funeral director, page 5 should be detach be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT	OF HEALTH AND ME	NTAL HYGIENE
CERTIFICATI	OF DEATH	REG. NO.

1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM				YGIENE EG. NO.	
1. DECEDENT'S NAME (First, Middle, L		7	36.1	)	2. DATE OF I	DEATH DAY Y	3. TIME OF DEATH
Ellen B. Hav		(In yrs. lest birthdey) IF U	muye		7. DATE OF E		90 12:50AM
218-16-8724	1 🗆 M 2 🗐 8	7 YRS. MON		HOURS MIN.	July	y, Year)	BIRTHPLACE (State or Foreign Country) Williamsburg
9a. FACILITY NAME (If not institution, and We'sleyan Hea				R LOCATION OF DE		9c. COUNTY	of DEATH
RESIDENCE OF DECEDEN	r	ireer   I	)CII COI	i, mary	Tana	Car	OTTHE
10a. STATE 10b. CO			WN OR LOCATI	ON			10d. INSIDE CITY LIMITS?
Maryland Car	coline	Pre	ston	ZIP CODE		10g, CITIZEN	1 YES 2 NO
P.O. Box 25	50		1	21655		U.S	
11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR C	2 NO	If yes, spe	ENDENT OF HISPAI cify Cuban, Maxica 2 NO Specif	n, Puerlo Ricar		RACE — American Indian, Black, Whita, stc.
3 Widowed 4 Divorced				41.			WILLCE
15. DECEDENT'S (Specify only highest	grade completed)	(Give kind of work of life. Do NOT use reti	done during mos			o of Business/Indus ementary	School of
Elementary/Secondary (0-12)	College (1-4 or 5+) 5	School T	eache	r		deralsbur	
17. FATHER'S NAME (First, Middle, Las	)			16. MOTHER'S NA	ME (First, Middl	e, Maiden Surname)	
	William J.			Amand			
19a. INFORMANT'S NAME (Type/Print) Grace H. Me	redith					City or Town, State, Zip Co	
		b. PLACE OF DISPOSITIO			ston,	Md. 2165	
20e METHOD OF DISPOSITION  1		other place) Hillcrest				Federals	
21. SIGNATURE OF FUNERAL SERVICE	ELICENSEE Golow	5	22. NAME AN	D ADDRESS OF FA	CILITY	2 JUAM	(1 7 2/0)
IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. GIBIC DUE TO (OR AS	eed A CONSEQUENCE OF):					Interval Batween Onset and Death
Sequentially list conditions, if any, laeding to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	G	A CONSEQUENCE OF):  A CONSEQUENCE OF):					
PART II. Other algorificant cond CVA, Ends	itione contributing to death tage OBS,					PERFORMED?  YES 2 100	24b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1  YES 2 NO
			26. PL	ACE OF DEATH (C/	neck only one)		
25. WAS CASE REFERRED TO MEDIC							
1 YES 2 NO	HOSPITAL: 1   Inpatient 2   ER/Out		HER:	5 🗆 Residence	6 Other (Sp	oecify)	
EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH	HOSPITAL:		Nursing Home 28c. INJU	JRY AT RK?	T .	BE HOW INJURY OCCUP	REO
EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  Netural 5 Pending 2 Accident Investige	HOSPITAL:  1   Inpetient 2   ER/Ou  28a. DATE OF INJURY (Month, Day, Year)	tpatient 3 DOA 4 2	HER: Nursing Home 28c. INJI WO M 1 [] Y	URY AT RK? 'ES 2 NO	28d. OESCRI	BE HOW INJURY OCCUP	
EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH  Natural 5  Pending	HOSPITAL: 1   Inpetiant 2   ER/Ou  28a. DATE OF INJURY (Month, Day, Year)  28b. PLACE OF INJUR building, stc. (Sp	28b. TIME OF INJURY	HER: Nursing Home 28c. INJI WO M 1 [] Y	URY AT RK? 'ES 2 NO	28d. OESCRI		
EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  Natural 5 Pending Investiga 2 Accident Investiga 3 Suicide 6 Could no detarmin  29a. CERTIFIER (Check only	HOSPITAL: 1   Inpetiant 2   ER/Ou  28a. DATE OF INJURY (Month, Day, Year)  28b. PLACE OF INJUR building, stc. (Sp	tpetient 3 DOA 4 28b. TIME OF INJURY  IY — At home, farm, stree celly)  wiedge, death occurred at	Nursing Home 28c. IN/I WO M 1 V Y	JRY AT RK? ES 2 NO	28d. OESCRI 28f. LOCATIC City or R	BE HOW INJURY OCCUR  ON (Street and Number or own, Stele)  a) and menner as stated.	Rural Route Number,
EXAMMER?  1 YES 2 NO  27. MANNER OF DEATH  Netural 5 Pending Investiga 2 Accident Investiga 3 Suicide 6 Could no detarmin  29a. CERTIFIER (Check only 1 CERTIFYING I	HOSPITAL: 1   Inpatient 2   ER/Out 1   28s. DATE OF INJURY (Month, Day, Year)  28s. PLACE OF INJURY (Month, Day, Year)  28s. PLACE OF INJURY (Month, Day, Year)  28s. PLACE OF INJURY (Month, Day, Year)  28s. PLACE OF INJURY (Month, Day, Year)  28s. PLACE OF INJURY (Month, Day, Year)  28s. PLACE OF INJURY (Month, Day, Year)	tpetient 3 DOA 4 28b. TIME OF INJURY  IY — At home, farm, stree celly)  wiedge, death occurred at	Nursing Home 28c. IN/I WO M 1 V Y	JRY AT RK? ES 2 NO	28d. OESCRI  28f. LOCATIC City or R	BE HOW INJURY OCCUP ON (Street and Number or own, State)  a) and menner as stated. It place, and due to the c	Rural Route Number,
EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  Netural 5 Pending Investiga 2 Accident 3 Suicide 6 Could no detarmin  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINETURE AND TITLE OF CERTIFIES	HOSPITAL: 1   Inpatient 2   ER/Out 1   28s. DATE OF INJURY (Month, Day, Year)  28s. PLACE OF INJURY (Month, Day, Year)  28s. PLACE OF INJURY (Month, Day, Year)  28s. PLACE OF INJURY (Month, Day, Year)  28s. PLACE OF INJURY (Month, Day, Year)  28s. PLACE OF INJURY (Month, Day, Year)  28s. PLACE OF INJURY (Month, Day, Year)	tpetient 3 DOA 4 28b. TIME OF INJURY  IY — At home, farm, stree celly)  wiedge, death occurred at	Nursing Home 28c. IN/I WO M 1 V Y	JRY AT RK? ES 2 NO and place, and durenth occured at the	28d. OESCRI  28f. LOCATIC City or R	BE HOW INJURY OCCUP ON (Street and Number or own, State)  a) and menner as stated. It place, and due to the c	Rural Route Number,
EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  Netural 5 Pending Investiga 2 Accident 3 Suicide 6 Could no detarmin  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINERA	HOSPITAL:  1   Inpettent 2   ER/Out  28s. DATE OF INJURY (Month, Day, Year)  28s. PLACE OF INJUR building, stc. (Sp  PHYSICIAN: To the best of my kno MINER: On the best of axeminati	tpatient 3 DOA 4 28b. TIME OF INJURY  TY — At home, farm, street ecity)  wiedge, death occurred at lon and/or investigation, in	THER: Nursing Hom 28c. INJI WO 1   V 1, lectory, office	JRY AT RK? ES 2 NO and place, and durenth occured at the	28d. OESCRI 28f. LOCATIC Chy or R a to the cause(i	DN (Street and Number or own, State)  a) and menner as stated. b) place, and dua to the c	Rural Route Number,

sal bits 1 while street

STATE OF MARYLAN				MENTAL	HYGIENE
	CERTIFICATE	OF DEAT	Ή		REG. NO.

Mar	7	Harris							
	/								90 11414
		FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPART			NTAL HYGIEN REG. NO.	E	
		1. DECEDENT'S NAME (First, Middle, Last)	С				DATE OF DEATH		3. TIME OF DEATH
		HARRIS, MARY  4. SOCIAL SECURITY NUMBER		yrs. lest birthday)	IF UNDER 1 YEAR		03- 1	8.1	BIRTHPLACE (State or Foreign
(a)			1 □ M 2 🔀 F 80	YAS.	IONTHS DAYS	HOURS MIN.	Feb14	-191þ	MD
(ME	TOR	99. FACILITY NAME (If not institution, give stre  CAROLINE NUR  RESIDENCE OF DECEDENT		1	Denton	OR LOCATION OF DEATH		9c. COUNTY	OLINE
Pages	DIRECTOR	10a. STATE 10b. COUNTY  MD Carol	ine		TOWN OR LOCAT	TION			10d. INSIDE CITY LIMITS?  1 Y YES 2 NO
46 physician. burial-transit permit. Pag	AL	10e. STREET AND NUMBER				I. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
ian. transit	NER	Rt. 404	12. WAS DECEDENT EVER IN	II S ADMED	12 WAS DEC	21629	OBIGIN2 /Consider Voc		BACE American Indian
146 I physic	Y FUNI	1 Never Married 2 Married 3 V Widowed 4 Divorced	FORCES? 1 YES	2 NO	If yes, sp	ecify Cuban, Mexican, P  2 NO Specify:		10, 10-	RACE — American Indian, Black, Whita, atc. Specify:
3-31 tending	ED BY	16. DECEDENT'S EDUCA	ATION I	16a. DECEDENT'S U	SUAL OCCUPATION	ON	16b, KIND OF BUS	SINESS/INDUST	white
LAND 21203-3146 by the hospital or attending phys be detached for use as the buri	LETE	(Specify only highest grade of Elamentary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of wo	rk done during ma retired.)	est of working			
AND the hospit detached	COMPLET	17. FATHER'S NAME (First, Middle, Last)		facto	ry work	16. MOTHER'S NAME			e Factory
MARYLAND e retained by the hosp 5 should be detached notified at once.	BE C	Ernest WilliamDo	ownes			Rachel El			
MARY s retained b	TO B	19a. INFORMANT'S NAME (Type/Print)		2000 0000000000000000000000000000000000		and Number or Rural Rout	22.04.0		ie)
E, N lay be r page 5		Edward F. Drag	20b.	PLACE OF DISPOSI	TION (Name of cer	52B Maryd metery, cremetory or	20c, LO		or Town, State
AORE, ge 6 may be firector, page		1   Xiporial 2   Cremation 3   Ramov 4   Constion 5   Other (Specify)		other place) Gre		o Cemeter	<u> </u>	eensbo	ro, MD
BALTIMORE, I ter death. Page 6 may be the funeral director, page yal.		21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE		22. NAME AI	ND ADDRESS OF FACILI		boro, l	MD21639
BALTIMORE, MARYLAND 21203-3146 curs after death. Page 6 may be retained by the hospital or attending physician. If the theoreal director, page 5 should be detached for use as the burial-tran or removal.		23. PART I. Enter the diseases, or co	emplications that caused	the death. Do no		e-Helfenbe			
O D O E		shock, or haert fellure. Li IMMEDIATE CAUSE (Final				,,		,	Interval Between Onset and Death
는 살음 등		disease or condition resulting in deeth) e.	Pheul	CONSEQUENCE OF					
13146, executed withing and complete o burial, crem-	z	C .	DOE TO TOM AS A	CONSEQUENCE OF	•				
9 - 1 E	ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF)					
O. BOX n certificate be nding physicia Hyglene prior or other trai	RTIFICA	CAUSE (Disease or injury thet initiated events	DUE TO (OR AS A	CONSEQUENCE OF)	;				
P.O. BOX leath certificate be a attending physician mal Hygiene prior tr	CERT	resulting in death) LAST							
DS, F the dea by the att of Menta							-		
Lind of the	<u>₹</u>	PART II. Other significant conditions		it not reculting in	the undarlyin	g ceuse given in Par	rt I. 24a. WAS AN PERFOI		246. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
CORDS, Pries that the death signed by the atte leath and Mental ws any injury, it	EDICAL	PART II. Other significant conditions diabete		it not resulting in	the underlyin	g ceuse given in Par		RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
RECORDS  w requires that the been signed by the pt, of Health and M	Σ			rt not resulting in	the undarlyin	g ceuse given in Par	PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
L RECOF law requires the as been signed bept, of Health	Σ	diabete  25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. Pi	g ceuse given in Par	PERFOI	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
F VITAL RECORDS SIGNAY. The law requires that the certificate has been signed by the bate begit, of Health and by the State Dept, of Health and 1, or Hean 23 shows any in	SICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL: 1   Inpatient 2   ER/Outpi	attent 3 DOA	26. Pl OTHEST 4 ® Muraing Hon OF 28c. IN.	LACE OF DEATH (Check ne 5  Rasidence 8 DIJURY AT 28	PERFOI	RMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO
OF VITAL PHYSICIAN: The this certificate h with the State C	PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:    Inpetient 2   ER/Output   28e. DATE OF INJURY (Month, Day, Year)	atlent 3 DOA	26. PI OTHER: 4 © Muraing Hon OF 28c. IN. W M 1	LACE OF DEATH (Check ne 5 Rasidence 8 DURY AT 28 PROS 2 NO	PERFOI  1 YES 2  only one)  Other (Specify)	RMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO
OF VITAL PHYSICIAN: The this certificate h with the State D inked, or Item	ED BY PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO  27. MANNER OF DEATH  1   Metural 8   Pending	HOSPITAL: 1   Inpatient 2   ER/Outpi	atlent 3 DOA  28b. TIME INJU  — At home, farm, at	26. PI OTHER: 4 © Muraing Hon OF 28c. IN. W M 1	LACE OF DEATH (Check ne 5 Rasidence 8 DURY AT 28 PROS 2 NO	PERFOI  1 YES 2  only one)  Other (Specify)	INJURY OCCUR	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 □ YES 2 □ NO
DIVISION OF VITAL OR ATTENDING PHYSICIAN: The DIRECTOR: After this certificate his hours after death with the State of them 18m 28 is marked, or item	ETED BY PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	HOSPITAL:    Inpetient 2	28b. TiME INJU	26. Pl OTHER: 4 Infuraing Hon OF RY M 1 In reet, factory, office	LACE OF DEATH (Check ne 5 Rasidence 8 Diury AT DRK? YES 2 NO 28	only one)  Other (Specify)  Id. DESCRIBE HOW is  City or Town, State)	INJURY OCCUR	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 □ YES 2 □ NO
DIVISION OF VITAL TAL OR ATTENDING PHYSICIAN: The ALD DIRECTOR: After this certificate han Alz hours after death with the State of them If item 28 is marked, or item	ETED BY PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 8 Pending Investigation  3 Suicide 8 Could not be datarmined  29a. CERTIFIER (Check only)	HOSPITAL:    Inpatient 2	28b. TiME INJU	26. PI OTHER:  4 1 Nursing Hon OF 28c. IN. WY 1 1 reet, factory, office	LACE OF DEATH (Check ne 5 Rasidence 8 Diury AT DRK7 YES 2 NO 28 a and place, and due to	only one)  Other (Specify)  Id. DESCRIBE HOW in the Coly or Town, State, the cause(e) and ma	INJURY OCCUR	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 □ YES 2 □ NO
DIVISION OF VITAL THE HOSPITAL OR ATTENDING PHYSICIAN: The THE FUNERAL DIRECTOR: After this certificate h flied within 72 hours after death with the State Opprizant; if Nem 28 is marked, or Nem	ED BY PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 8 Pending Investigation  3 Suicide 8 Could not be datarmined  29a. CERTIFIER (Check only)	HOSPITAL:    Inpatient 2	28b. TiME INJU	26. PI OTHER:  4 1 Nursing Hon OF 28c. IN. WY 1 1 reet, factory, office	LACE OF DEATH (Check ne 5 Rasidence 8 DURY AT 28 DRK? YES 2 NO se 26 a and place, and due to to deeth occured at the tim 29c. LICENSE NUMBE	only one)  Other (Specify)  ad. DESCRIBE HOW in the cause(e) and make, data end place, and in the cause(e).	INJURY OCCUR	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO
DIVISION OF VITAL HOSPITAL OR ATTENDING PHYSICIAN: The FUNERAL DIRECTOR: After this certificate h within 72 hours after death with the State I ANT: If Item 28 is marked, or item	COMPLETED BY PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 8 Pending Investigation  3 Suicide 8 Could not be datarmined  29a. CERTIFIER (Check only one)  2 MEDICAL EXAMINER  29b. SIGNATURE AND TITLE OF CERTIFIER  30. NAME AND ADDRESS OF PERSON WHO	HOSPITAL:  1   Inpetient 2   ER/Output  28e. DATE OF INJURY (Month, Day, Year)  28e. PLACE OF INJURY building, stc. (Special S	28b. TiME INJU  At home, farm, st edge, death occurred and/or investigation	26. PI OTHER: 4 Turning Hon OF MY M 1   reet, factory, offic  is at the time, data , in my opinion, o	LACE OF DEATH (Check ne 5 Rasidence 8 DIURY AT DRK? YES 2 NO s and place, and due to death occured at the tim 29c. LICENSE NUMBE	only one)  Other (Specify)  ad. DESCRIBE HOW in the cause(e) and make, data end place, and make.	INJURY OCCUR  and Number or I	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 No  Fural Route Number,  Buse(e) and manner ee stated.  GNED (Month, Day, Year)
DIVISION OF VITAL THE HOSPITAL OR ATTENDING PHYSICIAN: The THE FUNERAL DIRECTOR: After this certificate h flied within 72 hours after death with the State Opprizant; if Nem 28 is marked, or Nem	BE COMPLETED BY PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH 1 Natural 8 Pending Investigation 3 Suicide 8 Could not be detarmined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER  29b. SIGNATURE AND TITLE OF CERTIFIER	HOSPITAL:    Inpatient 2   ER/Output   Ese. DATE OF INJURY (Month, Day, Year)    28e. PLACE OF INJURY building, stc. (Special)   Ese. Complete of the basis of examination   Complete Deals of D	atlent 3 DOA  28b. TiMe INJU  —At home, farm, st  edge, desth occurred and/or investigation	26. PI OTHER: 4 Turning Hon OF MY M 1   reet, factory, offic  is at the time, data , in my opinion, o	LACE OF DEATH (Check ne 5 Rasidence 8 DURY AT PKS 2 NO Re Rasidence 8 DURY AT PKS 2 NO Re Rasidence 8 DURY AT PKS 2 NO Re Rasidence 8 DURY AT PKS 2 NO Re Rasidence 8 DURY AT PKS 2 NO Re Rasidence 8 DURY AT PKS 2 NO Re Rasidence 8 DURY AT PKS 2 NO Re Rasidence 8 DURY AT PKS 2 NO Re Rasidence 8 DURY AT PKS 2 NO Re Rasidence 8 DURY AT PKS 2 NO Re Rasidence 8 DURY AT PKS 2 DURY AT	only one)  Other (Specify)  ad. DESCRIBE HOW in the cause(e) and make, data end place, and make.	INJURY OCCUR  and Number or I	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  Floral Route Number,

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a modern feath. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transferrent. Presented within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR		CE	RTIFIC	ATE OF	DEATH	F	REG. NO.			
1. DECEOENT'S NAME (First, Middle, Last)						2. DATE OF	DEATH			3. TIME OF OEATH
MARY SHAWN HO	RSEY					монтн	ľ	7	°90	8:08 a m
4. SOCIAL SECURITY NUMBER	5. SEX 6. A	GE (In yrs. lest t	oirthday) IF	UNDER 1 YEAR	IF UNDER 24 HRS.	7. OATE OF	BIRTH		8. BIRTHI	PLACE (State or Foreign
219-36-6026	1 🗆 M 2 🖵 F	88	YRS. MO	NTHS DAYS	HOURS MIN.	3 2.7	7 19	01	Mars	y 1and
9e. FACILITY NAME (If not institution, give street	Λ.	00	06	CITY TOWAL	OR LOCATION OF D		1 1 5	_	NTY OF DE	-
		1110	1.00			EAIN				
CAROLINE NURS	ING HOME	,INC.		Der	nton			CA	ROL	INE
10e. STATE 10b. COUNTY			10c. CITY, TO	OWN OR LOCA	ATION					10d. INSIDE CITY
Marriand	Caroline		·		Denton					LIMITS?
Maryland  100. STREET AND NUMBER	Carorine	:			DETICOTI		_	10- CIT	TREN OF W	HAT COUNTRY?
				Ι,						
600 Franklin St					21629				J.S.	
11. MARITAL STATUS 1 1 Never Merried 2 Merried	12. WAS DECEDENT EVE FORCES? 1 \( \subseteq \text{ Y}	R IN U.S. ARMI	ED		CENDENT OF HISPA pecify Cuben, Mexic			or No—	14. RACE Black	American Indien, , White, etc.
3 ₩ Widowed 4 ☐ Olvorced	IF YES, GIVE WAR O	R DATES		1 🗆 YE	S 2 NO Speci	fy:			Specif	
15. DECEDENT'S EDUCA	TION			101 0001101		10.00				casian
(Specify only highest grade on	ompleted)	(Glve		done during n	nost of working	100. K#	ND OF BUS	INE25/INI	DUSTRY	
The second of th	College (1-4 or 5+)						**			
11	none	HC	omema	ker				ome		
17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA					
William James	Shawn				Lai	ıra i	Jane	Bi	isho	р
19e. INFORMANT'S NAME (Type/Print)		19b.	MAILING AD	DRESS (Street	end Number or Rural	Route Number,	City or Tow	n, State, Zi	p Code)	
J. Bradford Hor	rsey	2	Sou	th S:	ixth St	reet,	Den	ton,	, MD	21629
200. METHOD OF DISPOSITION	14	20b. PLACE Of other place	F DISPOSITION	ON (Name of c	emetery, crematory or		20c. LO	CATION -	City or To	wn, State
1 St Buriel 2 Cremetion 3 Remove 4 Donation 5 Other (Specify)	al from State	Dento		mete	cv		De	ntor	a, M	aryland
21. SIGNATURE OF FUHERAL SERVICE LICES	NSEET A.A.			22. NAME	AND ADDRESS OF F	ACILITY, A)	St.			
( Olala)	PMA	1.		123	S. FRAN	KCIN	~		-	
Cendali	1100	-		0	exten,	Ma				HOME, P.A.
23. PART i. Enter the disease, or conshock, or heart failure. Lie			th. Do not	enter the m	ode of dying, au	ch se cerdled	or reepl	ratory ar	reat,	Approximate Interval Between
iMMEDIATE CAUSE (Fine)		1								Onset and Death
disesse or condition resulting in death)	ESAR	16 60	001	Ca	NCE	$\wedge$				
recording in death)	OUE TO (Q)	S A CONSECU	JENCE OF):							
		0								
Sequentielly list conditions, if any, leading to immediate	DUE TO (OR	AS A CONSEOL	JENCE OF):							
cause. Enter UNDERLYING										
CAUSE (Disease or injury that initiated events	DUE TO (OR	S A CONSEOL	JENCE OF):							
resulting in death) LAST										
			_							
PART ii. Other significant conditions	contributing to deal	h but not re	euiting in t	he underlyl	ng cause given ir	Part i. 24	e. WAS AN		24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
						1	YES 2	Do-		COMPLETION DF CAUSE OF GEATH?
							-			1 YES 2 NO
1										
25. WAS CASE REFERRED TO MEDICAL				28.	PLACE OF OEATH (C	heck only one)				
	HOSPITAL:	Dutpatient 3 (	DOA S	THER:	me 5 🗆 Residence		ineclfv1			
27. MANNER OF DEATH	28s. DATE OF INJU	RY	28b. TIME O	F 28c, II	JURY AT	28d. DESCR		NJURY OC	CCUREO	
Natural 5 Pending	(Month, Day, Ye		INJUR	Υ	YORK?					
2 Accident Investigation	28e. PLACE OF INJ	HOV _ As bo-	a form of:-			201 1 00171	ON /8*	and Mirat	e as Promi	Route Number,
3 Suicide s Could not be determined	building, etc.	Specify)	re, lerm, stre	et, ractory, on	100	City or 1	Town, State)	ina Numbe	er or Hurai P	oute Number,
(Orlean Orle)	IAN: To the best of my k	nowledge, deel	th occurred a	it the time, de	te end place, end du	e to the cause	(e) end me	nner ee st	sted.	
one) 2 MEOICAL EXAMINER:	On the basis of examin	ation end/or in	vestigation, i	n my opinion,	death occured at th	e time, date en	d place, er	d due to t	the cause(a	) and manner as stated.
29b. SIONATURE AND TITLE OF CERTIFIER					29c, LICENSE NU	JMBER		29d DA	TE SIGNED	(Month, Day, Year)
D2127/ 12/2/201										
1051516 11/90										
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)										
James DIA	45	000	0X 1	260	) De	NOOP	U /	12		
FEB 21 '90	32. REGISTRAR'S	SIONATURE								
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AND 21203-3146

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been signed by the attending physician and completely filled in by the lumeral director, biggs and detached for us	an	shows any injury or other traumatic event, the medical examiner must be minded at once
Jue	alth a	6
S	운	30
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9	-	

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	FOR STATE REGISTRAR	STATE OF MARYLA		EPARTI RTIFIC					MENTA	L HYGIEN REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE	OF DEATH	AV	YEAR	3. TIME OF DEA	ATH
	Edward_N	Mitchell Jo	ones						04	Ö	6	90	7:37	Рм
			in yrs. last bi	virthday)I	IF UNDER	_	IF UNDER			OF BIRTH		8. BIRTH Count	PLACE (State or I	Foreign
	577-36-4880	1 ★ M 2 □ F	62	YRS.	ONTHS	DAY8	HOURS	MIN.	12-	17-19	27		vland	
	9a. FACILITY NAME (If not institution, give stre	net and number)		9	b. CITY,	TOWN OF	R LOCATIO	ON OF DE				INTY OF D		
NO.	Physicians Memo	orial Hosp	ital		T.a	P1a	ata				C	har1	PS	
5	RESIDENCE OF DECEDENT	JIIGI HOUD										IIGI I		
RE	10e. STATE 10b. COUNTY			10c. CITY,			ON						10d. INSIDE CIT LIMITS?	TY
۵	Maryland Char	Les		Newl	bur	g							1 TYES 2	NO
FUNERAL DIRECTOR	10e. STREET AND NUMBER					101.	ZIP CODE						WHAT COUNTRY?	
EH	Route 1 Box 33	3					206	664				U. S	S. A.	
S	11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 A YES	U.S. ARME	ED						N? (Specify Ye	or No-	14. RAC	E — American Inc	dien,
	1 Never Merried 2 Merried	IF YES, GIVE WAR OR DA				yes, spec				Ricen, etc.)		Spec	elfy:	
ВУ	3 Widowed 4 Divorced												White	3
Ē	15. DECEDENT'S EDUCA (Specify only highest grade of		18a. DECE (Give	kind of wor	SUAL OC	during most	N t of workin	g	16	b. KIND OF BU	SINESS/IN	DUSTRY		
Ш	Elementary/Secondary (0-12)	College (1-4 or 5+)										t = T	Ton #	
COMPLETED	8		Carp	ente	er					arper		S	nion	
8	17. FATHER'S NAME (First, Middle, Leet)								,	Middle, Maiden				
BE	Thomas Frank Jo	ones								erta		_		
10	19e. INFORMANT'S NAME (Type/Print)									nber, City or Tox		,,		
-	Margaret Jones		Rt	.1 1	Box	33	Nev	vbur	g,	Maryl	and	20	)664	
	20g, METHOD OF DISPOSITION 1 A Buriel 2 Cremation 3 Remove	val from State	other place	DISPOSIT	TION (Nat	me of cem	etery, crem	natory or		20c. LC	CATION -	- City or To	own, State	
	4 Donation 5 Other (Specify)	0 10	hris	t Cl									Marylai	nd
	21. SIGNATURE OF FUNERAL SERVICE LICE	HORE ()	/)	1/	22 L	NAME ANI	ADDRES	SS OF FA	CILITY	1 Hon	10	Inc		
	1	Colin	H.	11	I T	a P	lata	a N	larv	land		646		
	23. PART I. Enter the diseases, or co	omplications that caused	the deat	h Do									Approxi	mate
	ahock, or heart failure. L	iat only one cause on ea	ach ilna.	-	4		a Di Gyi			1		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	interval	Between
	iMMEDIATE CAUSE (Final disease or condition	A	mar or	. 1 5	- 01	1				1.=1			Unset a	nd Death
	reaulting in death)	OUE TO (OR AS A	1 10	10 30	410	गार	- 0	510	UOISC	nksd	SPGI	il.	70	34 5
		OUE TO (OR AS A	CONSECU	ENCE OF):										
CERTIFICATION	Sequentially list conditions, b.	OUE TO (OR AS A	CONSEQUE	ENCE OF									-	
AT	if any, leading to immediate cause. Enter UNDERLYING	10 (01111011											į	
임	CAUSE (Disease or injury that initiated evants	DUE TO (OR AS A	CONSEQUE	ENCE OF):										
E	resulting in deeth) LAST													
CE	-												1	
AL	PART II. Other significant conditions	contributing to deeth be	ut not rea	uiting in	the un	deriying	cause (	given in	Part I.	24a. WAS AP		244	WERE AUTOPSY AVAILABLE PRIO	
PHYSICIAN: MEDICAL										1 TYES			COMPLETION OF DEATH?	
WE													1   YES 2	No
=														
25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)														
SIC		HOSPITAL:  1   Inpetient 2   ER/Outp	ontlent 3		OTHER		5- Re	eldence	6 🗆 Oth	er (Specify)				
H	27. MANNER OF DEATH	26e. DATE OF INJURY	1	28b. TIME	OF	26c. INJU	JRY AT			SCRIBE HOW	INJURY O	CCURED		
	1 Netural 5 Pending Investigation	(Month, Day, Year)		INJUI	M	1 Y	RK? ES 2	] NO						
ВУ	3 Suicide 8 Could not be	28e. PLACE OF INJURY	— At home	e, farm, str	eet, fact	ory, office				CATION (Street		er or Rural	Route Number,	
TEC	4 Homicide determined	building, etc. (Spec	uify)						Cit	y or Town, State	)			
COMPLETED	29e. CERTIFIER 1 CERTIFYING PHYSIC	IAN: To the beet of my knowl	riedne decet	h necursed	of the s	lene detc	and place	and do-	to the -	nunda) and	2005 24 24	eted		
MP	anal anny	: On the basis of examination											a) and manner as	steted.
					2007									
BE	296. SIGNATURE AND TITLE OF CERTIFIER	- 110					ZVC. LICI	ENSE NUI	A LO		29d. DA	J An	D (Month, Day, Yea	(7)
2	30 NAME AND ADDRESS OF PERSON WHO	COMPLETED CALLES OF DE	ATIL ATELL	ATD (7 5	2-1-11		20	113	TO		1	JIII	1110	

3156 Tomara D. Μ.

29d. DATE SIGNED (Month, Day, Year)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Howard M. H Haft,

APD 1 0 '90

32. REGISTRAR'S SIGNATURE
China Sandon-Randall

DHMH-16 Rev 1/89

OHMH-16 Rev 1/89

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DIRECT	OUR 2	em 2
AL C	72 h	H
FUNER	within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	TANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be

-}	FOR STATE REGISTRAR	STATE OF MARYLA		MENT OF H			YGIENE EG. NO.		
	1. OECEOENT'S NAME (First, Middle, Last) WALTER A.	WALTER AND	HONY JA	WORSKI		2. OATE OF O	DEATH DAY	YEAR 9D	3. TIME OF GEATH P. 2:00 M
			n yrs. lest birthdey)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF B (Month, De)	IRTH (, Year)	Cou	THPLACE (State or Foreign
	90. FACILITY NAME (If not institution, give stre		9b. CITY, TOWN O	R LOCATION OF GE		H 9c COUNTY OF GEATH			
DIRECTOR	HARFORD MEMOI	ELAL HOSPI	TAL	HAVRE	DE GI	CACE		HAFF	CORD
REC	10e. STATE 10b. COUNTY 10			TOWN OR LOCAT					10d. INSIDE CITY LIMITS?
	MO CECIL				ZIP COOE	T	1 40-	OUTITEN OF	1 TYES 2 NO
BA	# 3 LALEDO	IANE		101.		904	log	USA	WHAT COOKINT?
O.	11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 X YES	U.S. ARMEO		ENOENT OF HISPAN			0— 14. RA	ACE — American Indian, lack, White, etc.
COMPLETED BY FUNERAL	1 Never Merried 2 Merried 3 Vidowed 4 Olvorced	IF YES, GIVE WAR OR DA	TES		2 NO Specify		,,		White
TED	15. OECEOENT'S EOUCA (Specify only highest grade co		16e. OECEOENT'S U	USUAL OCCUPATION ork done during most retired.)	N at of working	16b. KIN	O OF BUSINES	S/INOUSTRY	,
PLE	Elementary/Secondary (0-12)	College (1-4 or 5 +)	Brick L			Cor	nstruct	tion	
	17. FATHER'S NAME (First, Middle, Last) John E. Jaworski				18. MOTHER'S NAI Amelia		s, Maiden Sume Skry		
TO BE	190. INFORMANT'S NAME (Type/Print)				nd Number or Rural R				
	Doris I. Bunker	20h	. PLACE OF DISPOS		Port De	eposit	20c. LOCATIO		Town State
	1 Burial 2 Cremation 3 Remov	rel from State	el Air M				Bel A		
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE			O ADDRESS OF FAC		II Fund	aral I	Home, P.A.
	HARVERS A	Mr. (200)	2011	1317	okesbury	z Road	Abino	rdon.	vd. 21009
	23. PART I. Enter the diseases, or co ahock, or heart fellure. Li IMMEDIATE CAUSE (Finel disease or condition	ist only one cause on a	ach ilna.						Approximata Interval Between Onset and Death
		DUE TO (OR AS A			C 3.001 C	1100	C * * * * * * * * * * * * * * * * * * *	7700	36 173
TION	Sequentially list conditions, if any, leeding to immediate	HIPEN TO OR AS A	CONSEQUENCE OF	):					
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	OUE TO (OR AS A	CONSEQUENCE OF	):					
H	reaulting in daeth) LAST d.								
CAL	PART II. Other eignificant conditions	contributing to death b	ut not resulting i	n the underlying	g cause given in		PERFORMED	1/	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDI						_			1 🗆 YES 2 🖫 Ю
AN	25. WAS CASE REFERRED TO MEDICAL			26. PI	ACE OF OEATH (Che	eck only one)			
SIC		HOSPITAL: 1 Impatient 2 I ER/Outp	netient 3 🗆 DOA	OTHER: 4 - Nursing Hom	e 6 🗆 Residence	6 Other (Sp	ectfy)		
	27. MANNER OF GEATH  1 Natural 5 Pending	26e. DATE OF INJURY (Month, Day, Year)	26b. TIMI	URY WO	RK?	28d. OESCRII	BE HOW INJUR	Y OCCUREO	
ВУ	2 Accident Investigation	28e. PLACE OF INJURY	- At home, farm, a	4	YES 2 NO	28t, LOCATIO	N (Street and N	lumber or Rur	ral Route Number,
TED	3 Suicide 8 Could not be 4 Homicide determined	building, etc. (Spec	CH(y)	/ A		City or To	own, State)	~//	4.
COMPLETED	(Others off)	IAN: To the best of my know							se(e) and manner as stated.
	296. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUM	MBER	290	I. DATE SIGN	NEO (Month, Day, Year)
TO BE	Ganish Inch	^ · D	ME.		0218	ज्य .	•	ADA	il 13 1990
	30. NAME AND ADDRESS OF PERSON WHO	43HU 18	IDBEL		0 #10	2 F	ALLS	'ON	70 21047
	31. DATE FILED (Month, Day, Year)  ADD 1 6 'Q ()	32. REGISTRAR'S SIGN	ATURE						

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DIVISION OF VITAL RECORDS, F.O. BOA 13149,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Pure	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral driver. be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal,	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner in
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	1 - STATE REGISTRAR	STATE UF N					DEAT		MENIA	REG. NO.		182	86 782		
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE	OF DEATH		YEAR 3	. TIME OF DEATH		
	CHARLES MARVIN	JAMES							AI	RIL 3	, 1990	1	0:25 P. M		
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	t birthday)	IF UNDE	DAYS	IF UNDER	24 HRS.	(Monti	OF BIRTH	8.	BIRTHPL Country)	ACE (State or Foreign		
	229 40 0718	1 X M 2 □ F	56	YRS.	MONTHS	DAYS	ноона	Milita.	4-27	7-33	V	IRGI	NIA		
-	9a. FACILITY NAME (If not institution, give a	treet and number)			96. CIT	Y, TOWN C	R LOCATION	ON OF DI	EATN	9c. COUNTY OF DEATH			тн		
6	VA MEDICAL CENT	TER			FOR	IOH 1	JARD,	, MA	RYLAN	1D	BALTI	MORE			
EG I	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNT	1		10c. CIT	Y, TOWN	OR LOCAT	ION	-				10	od. INSIDE CITY		
DIRECTOR	MARYLAND ANNE	ARUNDEL		ODE	NOTON							1	LIMITS?		
	10e. STREET AND NUMBER	псиры		TODE	11011	101	. ZIP COD	E			10g. CITIZE	N OF WH	AT COUNTRY?		
FUNERAL	1238 BREITWERT AVI	ENHE					21113	3			U.S.	Α.			
3	11. MARITAL STATUS	12. WAS DECEDEN			13.	WAS DEC	ENDENT C	F HISPAI	NC ORIGIN	? (Specify Yes	or No- 14	. RACE -	- American Indian, White, etc.		
BY F	1 Never Married 2XX Married 3 Widowed 4 Divorced	IF YES, GIVE V	AR OR DATES	NO.			2 ZENO			Rican, etc.)		Specify: WHIT			
			KOREAN		-								E		
COMPLETED	15. DECEGENT'S EDU (Specify only highest grade	completed)	(G	CEDENT'S	work done	during mo	ON st of worldr	ng	16b	KIND OF BUS	SINESS/INDUS	STRY			
7	Elementary/Secondery (0-12)	College (1-4 or 6	+)	UCK I					10	GENER	AL EI	ECT	TC		
OM	17. FATHER'S NAME (First, Middle, Last)			UUN	DKIV.	EK	18. MOTI	NER'S NA		Middle, Maiden		3501	10		
	GILBERT JAMES						(	RAC	E Di	ckeri	na				
BE	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	G ADDRES	S (Street a				ber, City or Tow		ode)			
2	CLINICAL RECORDS.	VAMC	V	A ME	DICA	L CE	NTER	FOR	т ног	WARD,	MARYLA	ND 2	21052		
F	20a, METHOD OF DISPOSITION 1 X Burial 2 Cremation 3 Rem		20b. PLACE other pi	OF DISPO						_	CATION - CH				
	4 Donation 5 Other (Specify)				d Ve	eter	ans	Cer	nete	ry Cr	owns	vill	e, MD		
	21. SIGNATURE OF FUNERAL SERVICE LI	CONSEE //	/				ND ADDRE			al Wa	mo D	7			
	Date 1)	bull 1								eral Home P.A. s Road, Gambrills, MD					
	23. PART I. Enter the diseases, or	complicationa the	t caused the de	esth. Do									Approximats		
	shock, or heart failure.  IMMEDIATE CAUSE (Final	List only one cau	ise on each lins										Interval Between Onset and Death		
	disease or condition	RESPIR	ATORY FA	AILUE	RE								10 MINUTES		
	teading in death)	DHE TO	ASTOMA 1	OUENCE C	FEADI	m or	7 77 4	T.,							
Z	Sequentially list conditions,	b				TE UI	BRA	IN					1 YEAR		
E	if any, isading to immediate cause. Enter UNDERLYING	DUE TO	(OR AS A CONSE	OUENCE C	OF):										
CERTIFICATION	CAUSE (Disease or Injury	c. DUE TO	(OR AS A CONSE	DUENCE C	)F)·								-		
E	that initiated eventa resulting in desth) LAST		(0		).										
		d											+		
ICAL	PART II. Other significant condition	s contributing to	death but not	resulting	In the u	nderlyln	g cause	given in	Part I.	24a, WAS AN PERFOR			PERE AUTOPSY FINDINGS		
										1 X YES 2	□ NO		OMPLETION OF CAUSE OF DEATH?		
M												1	YES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		LACE OF D	EATH (C	eck only o	ne)					
YSI	1 TES 2XXNO	1 X Inpetient 2			4 🗆 Ni	irsing Non	10 5 🗆 R	esidence							
F	27. MANNER OF DEATH  1 X Natural 5 Pending	26a. DATE Of (Month, L		28b, TII	ME OF	WC	DRK?	_	28d. DE	SCRIBE HOW I	NJURY OCCU	RED			
BY	2 Accident Investigation	290 PLACE (	F INJURY — At ho				YES 2 [	_ NO	201.101	NATIONI (St	and Abanhara	0 / 0			
C	3 Suicide 6 Could not be 4 Homicide determined	building.	etc. (Specify)	ome, term,	atreet, re-	ctory, orne			City	ar Town, State)	una Number o	r Hunii Hol	re Number,		
29a. CERTIFIER (Check only one)  1 XXCERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated.  2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and menner as stated.															
8		/	All minerion and/or	Hiveatigati	ion, in my	opinion, c				and placa, ar					
BE	29b. SIGNATURE AND TITLE OF CERTIFIE	/ lus /	16				29c, LIC	ENSE NU	MBER		29d, DATE		Aonth, Day, Year)		
0	30. NAME AND ADDRESS OF PERSON WI	O COMPLEXED COM	OF OF DEATH (	M OT C	a Del-m							4-4	4-90		
,-						n	0111-				1050				
	WEN-SHYANG WIL M.  31. DATE FILED (Month, Day, Year)		EDICAL C	FINITE	K FO	KT H	UWAR.	υ, Μ	AKYL.	AND 2	1052				

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DIVISION OF VITAL RECORDS, P.O. BOA IS	HYSIC	his ce	with t	red.
Z	TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be exec	TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to b	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumat
2	END	JR: A	ter d	90
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	1. DECEDENT'S NAME (First, Middle, Lat							2. OATE OF OEATH	DAY	YEAR	. TIME OF DEATH		
		ognt						April	4,19	90	1400		
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. I	ast birthday)	MONTHS DAY		UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year,		8. BIRTHPL Country)	ACE (State or Foreign		
- 3	148-36-3950	1 □ M 2 💢 F	62	YRS.	WONTHS DA		ons min.	8/31/27		Rot	umania		
	9e. FACILITY NAME (If not institution, gh	n street and number)			96. CITY, TOV	WN OR LO	CATION OF DE	ATH		TY OF DEA			
CTOR	Shady Grove Adv		spital		Rock	cvil:	Le		Mon	rtgo	went		
ECT	RESIDENCE OF DECEDENT			100 CIT	Y, TOWN OR LO	OCATION				0	od. INSIDE CITY		
DIRE				100. 011							LIMITS?		
	New York Qu	eens			FIL	IShi			1		YES 2 NO		
ERAL							12.55		10g. CI11		AT COUNTRY?		
H	140-31 69th		ENT EVER IN U.S. A				1367			U.S.A			
FUNI	1 Never Married 2 Married	FORCES?	1 YES ZX	NO	If yes	s, specify	Cuben, Mexican	C ORIGIN? (Specify n, Puerto Rican, etc.)	Yee or No-	Black, 1	- American Indian, White, etc.		
BY	3 XWidowed 4 Divorced	IF YES, GIVE	WAR OR DATES		1 🗆	YES 2	XNO Specify.			Specify:			
8	15. DECEDENT'S E	DUCATION	180. 0	DECEDENT'S	USUAL OCCUP	PATION		16h KIND OF	BUSINESS/IND		rte		
	(Specify only highest gr Elementary/Secondary (0-12)	ade completed)		(Give kind of te. Do NOT u	work done during	g most of	working	Too. Killo Ol	DO SINCO S NIND	001111			
	1 2	College (1-4 or 5		Sales	Clerk			Denar	tment	Store	2		
COMPL	17. FATHER'S NAME (First, Middle, Last)			Jares	OICIK	16.	MOTHER'S NAI	AE (First, Middle, Mail		SCOLE			
ECC	Joseph Feu	er						gda Aron					
00	19e, INFORMANT'S NAME (Type/Print)	CI	T	196. MAILING	AOORESS (Str	net and N		oute Number, City or	Travn Stata Zin	Corte			
2	Lia Greenberg	(Daughte						ne; Darne			20070		
					SITION (Name o				LOCATION -				
	20a_METHOO OF DISPOSITION 1 Alaburial 2 Cremation 3 R 4 Donation 8 Other (Specify)	emoval from State	other	place)	Cemeter		y, oremetory or						
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	ETHIV	vood (			DDRESS OF FAC		w Brun	SWICE	k, N.J.		
	DANZANSKY-GOLDBERG MEMORIAL CHAPE												
	1170 Rockville Pike: Rockville, Md. 2085												
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.												
	IMMEDIATE CAUSE (Final												
	disease or condition resulting in deeth)										1 awa		
	resolving in deetil)	OUE T	O (OR AS A CONS	EOUENCE C	PF):			-			1		
z		b.											
CATION	Sequentially list conditions, if any, leading to immediate	OUE T	O (OR AS A CONS	EOUENCE C	F):								
	cause, Enter UNDERLYING CAUSE (Diseese or injury	С											
E	that initiated events	DUE T	O (OR AS A CONS	EOUENCE C	PF):								
CERTIFI	resulting in death) LAST	d											
_	PART II. Other significent condit	tions contributing t	to deeth but not	resulting	in the under	tvina ce	usa givan in	Part I. 24s. WAS	AN AUTOPSY	24b. V	VERE AUTOPSY FINDIN		
ICAL								PER	FORMED?	1	WAILABLE PRIDE TO		
	-							1 YES	SONO	0	OF DEATH?		
MEC								—		1	YES 2 THO		
SICIAN:	44 344 0445 05550050 70 45504												
C	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	6. PLACE	OF DEATH (Che	ock only one)					
YS	1 TYES 2 NO	1./\	☐ ER/Outpatient					8 Other (Specify)					
PHY	27. MANNER OF OEATH  1 Netural 5 Pending	28s. OATE ( (Month,	Dey, Year)	28b. TII	JURY	WORK?		28d. OESCRIBE HO	W INJURY OC	CURED			
BY	2 Accident Investigation						2 NO						
0	3 Suicide 8 Could not	pe ] buildin	OF INJURY — At g, etc. (Specify)	home, farm,	street, factory,	office		28f. LOCATION (Str City or Town, S		or Rural Ro	ute Number,		
ETE	4 Homicide determined	*			-								
	29e. CERTIFIER 1 CERTIFYING PI	IYSICIAN: To the best	of my knowledge,	death occur	red at the time,	date end	place, and due	to the cause(a) and	menner as stat	ed.			
COMPL	A486	INER: On the basis of	examination end/o	or investigati	on, in my opini	on, death	occured at the	time, data and place	, and due to th	e cause(a)	and manner as state		
	296 SIGNATURE AND TITLE OF CERT	PER )				29	c. LICENSE NUN	IBER	29d. OAT	E SIGNED (	Month, Day, Year)		
BE	1 Man V	m de	)						D 4	1-149	J		
5	DO. NAME AND ADDRESS OF PERSON	WHO COMPLETED CA	WSE OF DEATH (II	TEM 27) (Typ	e, Print)		D 2967			131			
	RMAN B	reciah	N IV	SOD	PINSIC	1 And	5/1	#212	Rock	11/10			
	31. DATE FILED (Month, Day, Year)	32, REGIST	RAR'S SIGNATURE	0 - 0					1000	7.110			
	31. DATE FILED (Month, Day, Year)	32 NEGISTI	RAR'S SIGNATURE	anda BR			0-			011.7			

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TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director,	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be mall
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31. DATE FILED (Month, Day Year) 190

MARGARITA A. KORELL, MD

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

STRAR'S SIGNATURE

										JU	11420	,
	FOR STATE REGISTRAR	STATE OF MARYL		DEPARTMEN RTIFICAT				GIENI G. NO.	E			
	1. OECEOENT'S NAME (First, Middle, Last)						2. DATE OF DE	DA	Y	YEAR	3. TIME OF DEATH	
	Doro	thy s.		Keller			4-2-	90		1772	12:15PM N	М
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	In yrs. last	birthday) IF UNDE	R 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIF (Month, Day,	TH Year)		8. BIRTH	IPLACE (State or Foreign	
	049-14-5596	1 □ M 2 🔀 F 87		YRS.	LATS	HOURS MIN.	July 10	), 1	902	Mas	sachusetts	
	9a. FACILITY NAME (If not institution, give stre	et and number)		9b. CIT	Y, TOWN O	R LOCATION OF DE	ATH		9c. COUN	ITY OF D	EATH	
DIRECTOR	Montgomery Genera		Olne	ey.			Mont	gome	ery County			
5	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNTY		i	10c, CITY, TOWN	OR LOCAT	ION					10d. INSIDE CITY	_
E I		omery		Silve							LIMITS?	
7	10e. STREET AND NUMBER	JOMOL J				ZIP CODE			10a. CITI	ZEN OF V	WHAT COUNTRY?	$\dashv$
BY FUNERAL	3114 Adderly Cou				2090					States		
5		12. WAS DECEDENT EVER II FORCES? 1 YES		MED 13	WAS DEC	ENDENT OF HISPAN Helfy Cuban, Maxican	IIC ORIGIN? (Spe	elfy Yea atc.)	or No-		E — American Indian, k, White, stc.	
≥	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR D	ATES		1 TYES	2 NO Specify	r			Spec	White	
	15. DECEDENT'S EDUCA	TION	16a DEC	EDENT'S USUAL (	OCCUPATIO	NA .	18h KIND	OF BUS	I SINESS/IND	LISTRY		$\dashv$
	(Specify only highest grade of Elementary/Secondary (0-12)		(G/v life.	re kind of work done Do NOT use retired.	during mo	st of working	102, 1010	0. 500	ALL O O / ALL			
PLI	Elementary/Secondary (0-12)	4	Med	ical Red	cords	Librari	ar Ho	spi	tal			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	ME (First, Middle,	Maiden	Surname)			
0	George I. Smith					Emily	LaFerri	iere	9			
BE	19a. INFORMANT'S NAME (Type/Print)					nd Number or Rural F						
5	William C. Wilkir	ıs	6.	lll Rose	eland	Lane R	cockvill	Le,	Mary	land	20852	
1	20a. METHOD OF DISPOSITION 1 ☐ Burlal 2 ☑ Cremation 3 ☐ Remov	cal from State	other pla	OF DISPOSITION (F	lame of cen	netery, crametory or		20c. LO	CATION -	City or To	wn, State	
	4 Donation 5 Other (Specify)	M		omery C		orium, I					Maryland	_
	21. SIGNATURE OF FUNERAL SERVICE LICE			Ro Ro	. NAME AN	A. Pump	dury hrey Fu	ıner	al H	ome/	Rockville,	
	* Kahery Fo	mah	MO	0198	Rockv	lest Mont	gomêry	Aye 20	850-	2805	Rockville,	
	23. PART I. Enter the diseases, or co			th. Do not ente							Approximate	
	shock, or heart failure. L IMMEDIATE CAUSE (Finel										Intarval Between Onset and Death	
	disease or condition	Intra-cere	ebral	hemorr	hage							
	resoluting in deedily	DUE TO (OR AS	A CONSEO	UENCE OF):								
Z	Sequentially list conditions,											
CERTIFICATION	If any, leading to immediata	DUE TO (OR AS	A CONSEO	UENCE OF):								
2	CAUSE (Disaase or Injury	DUE TO (OR AS	A CONSEO	UENCE OF:						-		_
Ē	thet initiated events resulting in death) LAST	342 10 (31110)		J. 102 01 ).								
8	d.											
AL	PART II. Other significent conditions	contributing to deeth i	but not n	eaulting in tha	inderlyln	g cause given in	Part I. 24a.	WAS AN	AUTOPSY	241	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	š
음							XX	XES 2	□ NO		COMPLETION OF CAUSE OF DEATH?	
MEDICAL											XXXES 2 \( \text{NO}\)	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		ОТН		ACE OF DEATH (Ch	eck only one)					
YSI	1 NO NO	1 Topotient 2 - ER/Out	patient 3			ne 5 🗆 Residence						
표	27. MANNER OF DEATH  XXXNetural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)		28b. TIME OF INJURY	WC	DRK?	28d. DEŞCRIB	E HOW I	NJURY OC	CURED		
B	2 Accident S Pending Investigation			М	1	YES 2 NO						_
	3 Suicide 8 Could not be determined	28a. PLACE OF INJUR building, atc. (Spe	Y — At hou	me, farm, street, fi	ictory, offic	•	28t, LOCATION City or Tow	n, State)	and Number	or Rural	Route Number,	
COMPLETED	200 CERTIFIER											_
MP	[Critick Orliny	IAN: To the best of my know									(a) and many or the first	
8	XXX MEDICAL EXAMINER	t: On the beals of examination	on and/or l	nvestigation, in my	opinion, c			PIRCE, ST			a production of the second	
BE (	29b. SIGNATURE AND TITLE OF CERTIFIER	0 16.1				29c. LICENSE NUI	MBER		29d. DAT	4-3	D (Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF D	CATH (ITEA	4 973 (Ema Dalas)		COLIE						

111 Penn Street, Baltimore, MD 21201

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BALTIMORE, I

ate be executed within DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certifical	TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending phy	filed	
2	2	2	
		-	

	REGISTRAR		CERTIF	CATE C	F DEATH	REG. N	10.				
	1. DECEDENT'S NAME (First, Middle, Last) EL	IZABETH	KEC	SKES		2. DATE OF DEATH	4 - 1990	3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER 230-84-6693	1 - M 2 F	T5 YRS.	IF UNDER 1 YE		7. DATE OF BIRTH (Month, Day, Year) JAN . 26	8. BIRT	THPLACE (State or Foreign nitry) UNGARY			
HOL	98. FACILITY NAME (If not Institution, give si 2106 RANDOLPH RO RESIDENCE OF DECEDENT				VN OR LOCATION OF DI VER SPRING		9c. COUNTY OF	death IGOMERY			
UNECTOR	10a. STATE 10b. COUNTY MARYLAND	MONTGOMERY		, TOWN OR LO	ER SPRING		10d. INSIDE CITY LIMITS? 1 YES 2 NO				
- 1	10e. STREET AND NUMBER 2106 RANDOLPH ROA	D, #110			101. ZIP CODE 209	106	WHAT COUNTRY?				
BY FUNEHAL	11. MARITAL STATUS 1 Never Married 2 Merried 3 Divorced	12. WAS DECEDENT EVE FORCES? 1 1 YOU IF YES, GIVE WAR OF	ES 2 NO	If you	DECENDENT OF NISPAI I, specify Cuban, Maxica YES 2 NO Specif	in, Puerto Rican, etc.)	Yes or No— 14. RA Bis	CE — American Indian, ek, White, etc. octly:			
PLEIEU	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		(Give kind of w	IT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY							
BE COMPL	17. FATNER'S NAME (First, Middle, Last) GREGORY HIVES		3000	TTOTAN	18. MOTHER'S NA	ME (First, Middle, Meid		IIIDNI DIORE			
2	198. INFORMANT'S NAME (Type/Print) ALEC KECSKES	(HUSBAND)			PH ROAD,			20906 G, MARYLAND			
	ALEC KECSKES (HUSBAND) 2106 RANDOLPH ROAD, #110, SILVER SPRING, MARYLANI  20e. METHOD OF DISPOSITION 1   Burlei 2 XI Cremetton 3   Removal from State 4   Donation 5   Other (Specify)   METROPOLITAN CREMATORY  20c. LOCATION — City or Town, State ALEXANDRIA, VIRGINIA										
	21. SIGNATURE PROPUNERAL SURVICE IN	level		FRAN	E AND ADDRESS OF FA CIS J. COL UNIVERSITY	LINS FUNE		INC. SP., MD 2090			
ON	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such ea cerdiac or respiratory arrest, shock, or heer fellure. List only one ceuse on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in deeth)  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):										
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events reaulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):										
MEDICAL	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I.  24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO  24b. WERE A AWALIAN COMPLY  1 YES 2 NO										
CINI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	6. PLACE OF DEATN (C/						
PHYSICIAN	1 YES 2 NO  27. MANNER OF DEATN  1 Natural 5 Pending	26a. DATE OF INJUI	RY 26b, TIM	E OF 28c	Home 5 A Residence  . INJURY AT WORK?  D YES 2 D NO		W INJURY OCCURED				
IED BY	2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJ building, atc. (5	JRY — At home, term, s Specify)	IY — At home, term, street, factory, office			261. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
COMPLEIED	ana)	CIAN: To the best of my kr						p(s) and manner as stated,			
O BE C	2   MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and 29b. SIGNATURE AND TITLE OF CERTIFIER  29c. LICENSE NUMBER  29d. DATE SIGNED (Mo										
	30. NAME AND ADDRESS OF PERSON WHO	0 COMPLETED CAUSE OF	DEATH (ITEM 27) (Typo)	Print) Onne	cticut	Ave t	ensir	gton Md.			
	31. DATE FILED (Morith, Day, Year)	32. REGISTRAR'S S						U			

ending physician. as the burial-transit permit. Pages 1, 2, 3 should

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	DIRECTOR, After this certificate has been signed by the attending physician and completely filled in by

	1 - STATE REGISTRAR	STATE OF M		/ DEPAR					MEN	TAL HYGIENI REG. NO.	E				
1	1. DECEDENT'S NAME (First, Middle, Last)								2. D.	ATE OF DEATH			3. TIME OF DEATH		
1	ROSEMARY	KINGSLE	Y						APE	RIL 04	19	90	1:00p.m. M		
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. In	ast birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.		ATE OF BIRTH		_	PLACE (State or Foreign		
	076-18-3327	1 - M 3/7F	65	YRS.	MONTHS	DAYS	HOURS MIN.			fonth, Day, Ybar) 4-16-2	4	NOW	"York		
	9a. FACILITY NAME (If not institution, give s	street and number)	0.0		9b. CITY	CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH									
۳ ا	THE JOHNS HOPKIN			BALTIMORE CITY BALTIMORE						F CTTV					
DIRECTOR	RESIDENCE OF DECEDENT	D MODITIO			partitions of the partitions of the								D 0111		
<u></u>	10e. STATE 10b. COUNT	Y	10c. CIT	IDC. CITY, TOWN OR LOCATION							10d. INSIDE CITY LIMITS?				
	NC Dare			Kitty Hawk							1 TES 2 1 NO				
A	10a. STREET AND NUMBER				ZIP CODE			10g, CITIZEN OF WHAT COUN							
FUNERAL	328 Dogwood T	rail	_	27949							USA				
5	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S. ARM FORCES? 1 YES 2 NO								IGIN? (Specify Yes	or No-		- American Indian, k, White, etc.		
BY	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE V	WAR OR DATES	K			Ø□ NO			Trouit, otta,			Specify:		
		1	I										W hite		
	15. DECEDENT'S EDU (Specify only highest grade	completed)		Give kind of the. Do NOT u	work done	during mo	IN st of worldi	ng		16b. KIND OF BUS	INESS/IN	DUSTRY	1		
ا چ	Elementery/Secondary (0-12)	College (1-4 or 5	+)	Iomen						II.o.					
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		1 1.	TOME	lake		16 MOT	HER'S NA	ME (E)	no.		nold			
							10			eth Jol		-02			
BE	Poy Donovan t9a. INFORMANT'S NAME (Type/Print)			195 MAII INC	ADDRES	S (Street e				Number, City or Town					
요	Thomas E. King	slev							4	itty Ha			07040		
	20a, METHOD OF DISPOSITION		20b. PLAC	E OF DISPO				-	11			- City or To	27949 wn, Stata		
	1 X Burial 2 ☐ Cremation 3 ☐ Ram 4 ☐ Donation 5 ☐ Other (Specify)	ioval from State	Sout	hern	Sh	ores	: Ce	met	۵r	v Sou	hor	n Si	hores, NC		
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	177		22.	NAME AF	ID ADDRE	SS OF FA	CILITY	C-1-1-1					
	150+11 ()	1/2/1	//.							ral Ho					
-	June /	comp	n										MD 21401		
23. PART I. Enter the diseeses, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory strest, shock, or heart fellure. List only one cause on each line.  IMMEDIATE CAUSE (Fine)									rrest,	Approximata Interval Between					
									Onset and Death						
	disease or condition resulting in deeth)	· Je	OR AS A CONS										12 hours		
		DOE 10	OH AS A CONS	« /	и-):								13 VIDACE		
<u>8</u>	Sequentielly list conditione,	b. DUE TO	(OR AS A CONS	SEQUENCE C	)F): }		-						J JEUD		
ξĺ	If eny, leading to immediate cause. Enter UNDERLYING	Pa	eta (	110,0	th	Com	bas	, 5					11 ma		
<u>Ĕ</u>	CAUSE (Diseese or Injury thet Initiated events	DUE TO	(OR AS A CONS	SEQUENCE C			10/								
CERTIFICATION	resulting in death) LAST	d.													
	PART II. Other eignificant condition	ne contribution to	doub but no	0	In the se	a al a alta al as		ahaa la	Dont	I. 24e WAS AN	4150000		WERE AUTOPSY FINDINGS		
SAL	PART II. Other eigninesite condition	is contributing to	deeth out no	cresuming	in the u	ROSTIYIN	y cause	given in	Part	PERFOR	MED?	240	AMAILABLE PRIOR TO COMPLETION OF CAUSE		
-										1 1 YES 2	□ NO		OF DEATH?		
ž													1 TES 2 NO		
PHYSICIAN: MED	25. WAS CASE REFERRED TO MEDICAL	_													
ᅙ	EXAMINER?	HOSPITAL:			OTHE	R:	ACE OF E								
₹ Z	1 YES 2 NO	1 N Inpetient 2		3 U DOA 28b. TII		rsing Hon 28c. INJ		esidence		Other (Specify) DESCRIBE HOW I	N ALIEN O	CCLIBED			
	1 Natural 5 Pending		Day, Year)	IN IN	JURY	1 🗆	PRK?	NO	200.	DESCRIBE NOW	NJON I O	CCONED	1		
B	2 Accident Investigation 3 Suicide & Could not be	20a. PLACE	OF INJURY — At	home, farm,	street, fac				281.	LOCATION (Street	and Numb	er or Rural	Route Number.		
	4 Homicide 6 Could not be determined	building	, etc. (Specify)			-				City or Town, State)					
COMPLET	29a. CERTIFIER 1 CERTIFYING PHYS	NCIAN: To the heat o	f my knowledge	death accur	rad at the	News deta	and place	a and du	. to th	a seventel and ma		lated			
F	onel												a) and manner as stated.		
	29b. SIGNATURE AND TITLE OF CERTIFIE					-									
BE	290. SIGNATURE AND TITLE OF CENTIFIE	410000	111				29c, LIC	ENSE NU	MBER		29d. D/	4 / U	(Month, Day, Year)		
6	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAL	ISE OF DEATH #	TEM 273 /3	a Print'i							1//	170		
	Alan K	ISAPI	( C)/	7 /1/	IA	101	60	CL	en en en en en en en en en en en en en e	Balt	- \	m	11021200		
	31, DATE FILED (Month, Day, Year)	32. REGISTR	AR'S SIGNATURE	J - V	70	VIT	7	) T		االم	(17)6	riv	(MI - M)		
A	PR 1 n 1900 Le M	with Bro													
		CEREMINS NOT FROM AND	7 A 1/1 /												



DHMH-16 Rev 1/89

TO BE COMP	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
he funeral director, page 5 should be detached al.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.
ir death. Page 6 may be retained by the hospi	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a rouns after death. Page 6 may be retained by the hospi
BALTIMORE, MARYLAND	DIVISION OF VITAL RECORDS, P.O. BOX 13146,

1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG, NO.												
		Paye Eng	lish k	EAG IF UNDER 1 YEAR	LE IF UNDER 24 HRS.	2. DATE OF DEATH MONTH  7. DATE OF BIRTH	DAY 5, 19	3. TIME OF DEATH  SO M  BIRTHPLACE (Stells or Foreign				
Е	The last technique was the	1 D M 2 X F 84		IONTHS DAYS	NOURS MIN.	Nov. 5, 1		Country) North				
<b></b>	9e. FACILITY NAME (If not institution, give street				R LOCATION OF DE		9c. COUNTY	OF DEATH				
DIRECTOR	Annapolis Conva	lescent Co			apolis		Anne	Arundel				
IRE	100. STATE 10b. COUNTY  faryland Anne	nnapo.			10d. INSIDE CITY LIMITS? 1 X YES 2 N							
	10e. STREET AND NUMBER				ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?				
FUNERAL	134 Homeland Av	enue			21401		U.S.A.					
F	11. MARITAL STATUS  1 Never Merried 2 Merried	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 XNO	If yes, spi	ecify Cuban, Mexico	n, Puerto Ricen, atc.)						
84	3 Nidowed 4 Divorced	IF YES, GIVE WAR OR DA	TES	1 🗍 YES	2 NO Specify	<i>y</i> :		Specify: White				
COMPLETED	15. DECEDENT'S EDUCA' (Specify only highest grade co		16a. DECEDENT'S U (Give kind of wo life, Do NOT use	rk done durina mo.		16b. KIND OF B	USINESS/INDUS					
PLE	Etementary/Secondary (0-12)	Coffege (1-4 or 5+)	Homer			Hor	1.0					
OM	17. FATHER'S NAME (First, Middle, Last)		n om er	nakei	16. MOTHER'S NA	ME (First, Middle, Maide	_					
BE C	James Emmett E	nglish				hia Evel						
10	190. INFORMANT'S NAME (Type/Print)	7.1				Route Number, City or To						
	Melba R. Wiedef 20a, METHOD OF DISPOSITION	20b.	PLACE OF DISPOSIT				OCATION - CIT	MD 21401				
	1-12 Buriel 2 Cremation 3 Remove	al from State	other place)					is, MD				
	21. SIGNATURE OF PURSHAL SERVICE LICES	neg /		Tavl	D ADDRESS OF FA	ral Char	el					
	Jeffrey X. 1	agen		147 (	Glouces	ter St.	Annap	olis,MD 2140				
	23 PART   Enter the diseases, or complications that caused the death. Do not antar the mode of dying, such as cardiac or respiratory errest,  Approximate interval Between Onset and Death disease or condition  Though on this Rule (Final disease or condition)											
7	resulting in death) a.											
CERTIFICATION	Sequentially list conditions, If any, laading to immediate  DUE TO (OR AS A CONSEQUENCE OF):											
ICA	CAUSE (Disease or Injury  DUE TO (OR AS A CONSEQUENCE OF):											
RTI	that initiated eventa resulting in death) LAST	inter availful										
	PART II. Other algolificant conditions	contributing to death b	ut not resulting in	the underlying	a cause alven in	Part 1 24a MRS	AN AUTOPSY	24b. WERE AUTOPSY FINDINGS				
DICAL	Inanition or	P 1-			y cause given in	PERF	DRMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?				
PHYSICIAN: MEDIC						_		1   YES 2   NO				
IAN	25. WAS CASE REFERRED TO MEDICAL			28. PL	ACE OF DEATH (Ch	eck only one)						
SIC		HOSPITAL:		OTHER:		6 Other (Specify)						
PHY	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	OF 26c. INJ	URY AT	28d. DESCRIBE HOV	/ INJURY OCCUP	RED				
BY	1 Natural 5 Pending 2 Accident tnvestigation	28e. PLACE OF INJURY	At home form at		YES 2 NO	201 LOCATION (On-	d and Mushaman	Dural Davida Murahas				
TED	3 Suicide 6 Could not be 4 Homicide datermined	building, etc. (Spec	— At nome, term, st	reet, sectory, offic		28f. LOCATION (Street City or Town, Sta	r end Number or	Hurai Houre Number,				
COMPLETED	CONDUCT ONLY	AN: To the best of my knowl						, couse(s) and manner ea stated.				
BE C	296. SIGNATURE AND TITLE OF CENTIFIER	111/			29c. LICENSE NUI	MBER	29d, DATE S	SIGNED (Month, Dey, Year)				
TO E	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CALLES OF OF	ATH (ITEM 27 (In-	Print)	100 5	728	HP	71/ 5, 1990				
	Charles W.	Kinzeri	MD, 18	33A F	orest b	Drive, A	mapol	i, MD 21401				
	31. DATE FILED (Month, Day, Year) APR 1	1 1990 Les					•					

3. TIME OF CEATH

10d. INSIDE CITY 1 YES 2 X NO

White

RACE — American Indian, Black, White, etc.

VA

**Approximate** 

interval Between **Onset and Death** 

Germany

CALVERT

USA

Specify:

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notified

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must

examiner

medical

or other traumatic event, the

CAUSE (Diseese or injury

resulting in deeth) LAST

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## has been signed by the attending physician and completely filled in by Dept. of Health and Mental Hygiene prior to burial, cremation, or remo executed within TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be to THE FUNEPAL DIRECTOR: After this certificate has been signed by the attending physician be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traun

FOR STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 2. DATE OF OEATH DAY 1. DECEDENT'S NAME (First, Middle, Last) DEMETRIO PAUL 03/26/1990 KREIN 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS HOURS 1 🔯 M 2 🗌 F YRS. 60 214-42-4490 Feb. 22,1930 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF OEATH 9c. COUNTY OF CEATH CALVERT MEMORIAL HOSPITAL DIRECTOR PRINCE FREDERICK MARYLAND 10b. COUNTY 18c. CITY, TOWN OR LOCATION Maryland Calvert Dunkirk FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 10f. ZIP COOE 11208 Oakwood Drive 20754 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMEO FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 2 X NO 1 Never Married 2 Married BY 3 Widowed 4 Divorced COMPLETED 15. DECEOENT'S EDUCATION 16a. OECEOENT'S USUAL OCCUPATION 16b. KINO OF BUSINESS/INOUSTRY (Specify only highest grade during most of working (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5 +) Automobile mechanic Automobile repair 2 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First Middle Maiden Surname) Ida Greggio Karl Krein BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING AOORESS (Street and Number or Rural Route Number, City or Town, State, Zio Code) 2 Renate Maria Krein same as # 10 above 20a, METHOD OF DISPOSITION
1 ☐ Burlel 2 ☒ Cremetion 3 ☐ Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town. State 4 Donation 5 Other (Specify) Metropolitan Crematory Alexandria, 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY auroes Rausch Funeral Home, Owings, MD 20736 23. 84 if i. Enter the diseases, or complicationa that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, ahock, or haert fellure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition\_ FAILURE resulting in death) TO (OR AS A CONSEQUENCE OF): CIRRHOSI HEPATIC CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING ALCOHULISM

ART II. Other significant condition	s contributing to death but not resulting	In the underlying ceuse given in Part I.	24a. WAS AN AUTOPSY PERFORMED? 1 PYES 2 NO	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
WAS CASE REFERRED TO MEDICAL		26. PLACE OF OEATH (Check only o				
EXAMINER?	HOSPITAL:  1 Hipstient 2 ER/Outpetient 3 DOA	OTHER: 4   Nursing Home 5   Residence 6   Other				

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

			*	
27. MANNER OF OEATH  1	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. OEŞCRIBE HOW INJURY OCCUREO
3 Suicide 8 Could not be determined	26e. PLACE OF INJURY — At ho building, etc. (Specify)	me, farm, street, fac	tory, offica	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)
conect only				to the cause(a) and manner as stated.

and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and man 29b. SIGNATURE AND TITLE OF CERDIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

SE OF DEATH (ITEM 27) (Type, Print)

DUE TO (OR AS A CONSEQUENCE OF):

J, 20678 WEXGEL PRINCE FREDERICK, MARYLAND M.D

31. DATE FILED, MOST OF MAR 32 AGGISTHAN'S SIGNATURE June Daydon Randall 1990

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Dr. Shar.

31. DATE FILED (Month, Dey, Year)

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1	1. DECEDENT'S NAME (First,	Middle, Last)			1							E OF DEATH	AY	YEAR	3. TIME OF DEATH
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1	4. SOCIAL SECURITY NUMBER	ER	5. SEX	6. AGE (II	n yrs. lest	birthday)	IF UNDER		IF UNDER		7. DAT	E OF BIRTH		8. BIRTI	HPLACE (State or Foreign
	213-22-300	06	1 📉 M 2 🗌 F	7	9	YRS.	MONTHS	DAYS	HOURS	MIN.	10	/20/1	910	Pen:	nsylvani
ļ	9a, FACILITY NAME (If not ins	stitution, give s	street and number)				9b. CITY	TOWN C	OR LOCATI	ON OF DE	EATH		9c. COU	INTY OF E	DEATH
CTOR	Dorcheste	er Ge	neral l	Hospi	ita1	1	(	Cami	brid	ge				Dor	chester
ш	10a. STATE	10b. COUNT	Υ			10c. CIT	r, TOWN C								10d. INSIDE CITY LIMITS?
PII	Maryland Dorchester							rid	ge						tXXYES 2 ☐ NO
₹Ⅱ	10s. STREET AND NUMBER 10f, ZIP CODE 10g. CITIZEN OF WHAT CO										WHAT COUNTRY?				
떕	107 Talbot Avenue 21613 US									US					
BY FUNERAL	11. MARITAL STATUS  1 Never Married 2 3 Widowed 4 Divos		12. WAS DECEDE FORCES? IF YES, GIVE WW	TX YES	2 N	WED O		13. WAS DECENDENT OF HISPANIC ORIGINATION of the second of					e or No—		E — American Indian, ik, White, etc.
8	15. OECI	EDENT'S EDU	CATION		16a, DE0	CEDENT'S	USUAL O	CCUPATION	ON		10	Sb. KIND OF BU	ISINESS/IN	DUSTRY	
E	(Specify only Elementary/Secondary (0-	highest grade	College (1-4 or 1	5+)	(Gh	16a, DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)									
2	1 1	12,	1	·	Me	erch	ant	C1	othi	er					
COMPL	17, FATHER'S NAME (First, Mi	dalle, Last)	- 1								ME (First	, Middle, Meider	Surname)		
	Harry A		mens							Bess		Lans			
B	19a. INFORMANT'S NAME (7)				19h	MAILING	ADDRESS	S (Streat				mber, City or Tox		ip Corlei	
2	Harry A.		ns									Fa11			44444
	20a. METHOD OF DISPOSITI			201-	_						3311	_			
20e. METHOD OF DISPOSITION  1										•					
										nor	y, Han				
i	700 Locust St. Cambridge, Md. 216														
The state of the s															
			Liet only one co						-	-			-		Approximata interval Batw
	IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR ASSA CONSEQUENCE OR: A D)  Interval Batwee Onset and Dassa Consequence or condition resulting in death)														
- 1	resulting in death)  e. 46 Ca deal Defenden										Ide				
			DUE T	DUE TO (OFF ASSA CONSEQUENCE OFF:AD							Λ	^			Sev. 45
8	Sequentially list conditions b.														
ERTIFICATION	DUE TO (OR AS A CONSEQUENCE OF):  If any, leading to immediate  Cause. Enter UNDERLYING											ŀ			
5	CAUSE (Disease or Inju		C	O (OR AS A	CONSEC	VIENCE O	FI-								
Ē	that initiated events resulting in death) LAS	т 📗	DOL 1	X & 110) O	CONGEC	OENOL O	).								į
9	-14 5-555-600		d				-								1
	PART II. Other significa	nt conditio	ns contributing	to death b	ut not n	esulting	in tha u	ndarlyin	g ceuse	given in	Part i.	24e. WAS A	N AUTOPSY	24	b. WERE AUTOPSY FINDS
DICAL												1 TYES			COMPLETION DF CAUS
ш															1 TES 2 NO
. M															
AN	25. WAS CASE REFERRED TO	O MEDICAL						26. P	LACE OF E	DEATH (C)	heck only	one)			
SICI	EXAMINER?		HOSPITAL: 1 Inpatient 2	□ ER/Outp	atient 3	□ DOA	OTHE		ne 5 🗆 A	lesidence	6 🗆 Ot	her (Specify)			
Ϋ́	27. MANNER OF DEATH		28a. DATE (	Dey, Year)		28b. TIN	IE OF JURY		JURY AT	-	28d. D	ESCRIBE HOW	INJURY O	CCURED	
Y	- 1/2000 B	Pending Investigation	(arunin,	Jay, rear;		in.	M		YES 2	□ NO					
red BY	3 Suicide 6	Could not be determined	28e. PLACE buildin	OF INJURY og, etc. (Spec	— At ho	me, farm,	street, fac	tory, offic	ce			OCATION (Street by or Town, State		er or Rural	Route Number,
9	29a. CERTIFIER	TIEVING BUT	MOIAN, To the board		la de la	ath a : :	- 4 -4 -4	N						ani d	
MP	(Check only		SICIAN: To the best												(a) and magnes as state
8	Z MED	CAL EXAMIN	EH: On the beels of	examination	n end/or l	investigation	ori, in my	opinion,	Geath Occu	red at the	time, de	me and place, e	end due to	THE CRUSE	(e) and manner ee state
	296. LICENSE NUMBER									204 04	TE CLONE				
	296. SIGNATURE AND TITLE	OF CERTIFIE	a / V	1		, 1 A			29C. LIC	ENSE NU	WIBEH		290. DA	HE SIGNE	D (Month, Dey, Year)
	30, NAME AND ADDRESS OF		0	oth	۰ م	w	_		<b>1</b>		~( <b>(</b>	5	<b>▶</b>	41	ST90

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leath certific	attending p	ntal Hygiene	y, or othe
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law require	as been sig	Sept. of Hea	23 shows
SICIAN: The	certificate h	the State [	, or item
IDING PHYS	After this o	death with	s marked
L DR ATTEN	DIRECTOR	hours after	Item 28
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within durs after death, Page 6 may be retained by the hospital or attend	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic evenf, the medical examiner must be notified at once.

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	1 • FOR STATE REGISTRAR	STATE OF MA					EALTH		MENTAL	HYGIEN REG. NO.	_			
	1. DECEDENT'S NAME (First, Middle, Last)	Patrick	7	100	er	w			2. DATE (	OF DEATH		YEAR	1:48	АТН А м
	4. SOCIAL SECURITY NUMBER			GE (In yrs. last birthday) IF UNDER 1 YEAR				24 HRS.		F SIRTH		8. BIRTHPL	ACE (State or I	Foreign
1	008-05-3091A	1 🔀 M 2 🗌 F	75 yr	S .YRS.	MONTHS	DAYS	HOURS	MIN.	Jan.	21,19	15	New	York	
1	9e. FACILITY NAME (If not institution, give a						R LOCATIO					NTY OF DEA	тн	
OR	Residence: 602 Co	ncord Apt	S.		P	erry	vill	е			C	ecil		
CT	RESIDENCE OF DECEDENT  10a, STATE  10b, COUNT												Od. INSIDE CIT	ry
DIRECTOR	Maryland				ryvi			1X) ve						
	10e. STREET AND NUMBER			. ZIP CODE	E			10g. CITI		AT COUNTRY?				
FUNERAL	602 Concord Apart		219	0.3			U.S.A.							
S	11. MARITAL STATUS	EVER IN U.S. AR	ARMED 13. WAS DECENDENT OF HISPANIC						(Specify Yes			- American inc	dien,	
	1 Never Married 2 Married	IF YES, GIVE WA	R OR DATES	NO If yes, specify, Cuban, Maxicon, Puert 1 ☐ YES 2 F NO Specify:						lcan, etc.)		Specify:		
Э ВУ	XX Widowed 4 □ Divorced	W.W.											Whit	.e
TEL	15. DECEDENT'S EDU (Specify only highest grade	completed)	(G	CEDENT'S live kind of Do NOT u	work done	during mo	ON st of workin	ng		KIND OF BUS				
PLE	Twelve Years	College (1-4 or 6 +)		Mach						Retire	ea: U	. S. A	rmy	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	-		nach	THIE		16. MOTA	HER'S NA	ME (First. N	iddle, Melden	Surname)	_		
	Thomas Lavery									Muri				
BE	19a. INFORMANT'S NAME (Type/Print)		19	b. MAJLING	ADDRES	\$ (Street a	nd Number	or Rural	Route Numb	er, City or Tow	n, State, Zip	Code)		
5	Phyllis J. Lavery 602 Concord Apts., Perryville, Maryland 21903													
	20a. METHOD OF DISPOSITION 1	inval from State	20b. PLACE other pl	OF DISPO	SITION (N	ame of cer	netery, cren	natory or		20c. LO	CATION —	City or Town	n, State	
	4 Donation 6 Other (Specify)		R.A.		is &	Com	pany			West	Che	ster,	Penns	ylvar
	21. SIGNAYUR OF FUHERAL SERVICE LIBERSEE  22. NAME AND ADDRESS OF FACILITY  Lee A. Patterson & Son Funeral Home													
	Perryville, Maryland 21903													
	23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.													
	IMMEDIATE CAUSE (Final													
	disease or condition reaulting in death)	card	lial interction									minu	tes	
	disease or condition resulting in death)  a. myo cardial infarction minutes  out to (or as a consequence or):  Sequentially list conditions  b. arterioscleratic cardiovascular disease years													
NO	OUE TO (OD AS A CONSEQUENCE OF).													
Ā	If any, leading to immediate  cause. Enter UNDERLYING													
FIC	CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):													
ERTIFICATION	resulting in death) LAST	d.												
0	PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS													
PHYSICIAN: MEDICAL	metastatic	_ /		_	in the u	ndariyin	g cause	given in	Part I.	24a. WAS AN PERFOR			WERE AUTOPSY AMAILABLE PRIO COMPLETION OF	OT RO
DIC	metastatic	COION	Ruces						-	1 TYES 2	NO		OF DEATH?	CAUSE
ME												1	YES 2	fno.
AN	25. WAS CASE REFERRED TO MEDICAL					00 01	105 OF D	EATH O	neck only on	- 4				
CI	EXAMINER?	HOSPITAL:	EB/Outrellers 1		OTHE	R:								
НХ	27. MANNER OF DEATH	28a. DATE OF I	NJURY	26b. Till	AE OF	26c. IN.	URY AT	esidence	6 Other	CRISE HOW	NJURY OC	CURED		
	1 Netural 5 Pending	(Month, De	y, Year)	IN	JURY		YES 2	NO						
) BY	2 Accident Investigation 3 Suicide 6 Could not be	26e. PLACE OF	INJURY — At he	ome, farm,	street, fac	tory, offic								
TED	4 Homicide detarmined		rial (aposity)			_			Oity	a rown, state,				
COMPLET	29a. CERTIFIER (Check only 1 CERTIFYINO PHYS	ICIAN: To the best of r	my knowledge, de	eath occur	red at the	time, date	and place	, and due	to the cau	se(a) and me	nner as sta	ted.		
OM	one) 2 MEDICAL EXAMIN	ER: On the basis of ex	sminstion and/or	Investigati	on, in my	opinion, d	leath occu	red at the	time, date	and place, ar	nd due to ti	he cause(s)	and menner ar	stated.
ш	29b. SIGNATURE AND TITLE OF CERTIFIE	R	. 0				29c. LIC	ENSE NU	MBER		29d. DA1	E SIGNED (	Month, Day, Yea	ir)
TO B	Boliene	hains	m.D.	•			0	35	179		<b>•</b>	4/6	6/98	2
-	30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CALLS	E OF DEATH /ITE	M 270 /5-	- Defect									

22. REGISTRAR'S SIGNATURE

Julia Davidson-Randell

31. DATE FILED (Month, Day, Year)

APR 9 '90

DHMH-16 Rev 1/89

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BALTIMORE, MARYLAND 21203-3146

TO BE COMPLETED BY FUNERAL DIRECTOR

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TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direc		IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner m
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	* REGISTRAR		CERTIFIC	AILU	PUCAIN	REG. NO.					
1	1. OECEDENT'S NAME (First, Middle, La Alton Elwood		cv		2. DATE OF DEATH 04-11-9			3. TIME OF OEATN 8:30a M			
	4. SOCIAL SECURITY NUMBER 217-03-3704		GE (In yrs. last birthday)	ONTHS DAY		7. DATE OF BIRTH  (Month, Day, Year)  10-29-04		8. BIRTHPLAC Country) Gale	Sville,M		
	9e. FACILITY NAME (If not institution, g			Bb. CITY, TOW	N OR LOCATION OF DE		1	ITY OF OEATN			
STOR	Anne A runde	l Medical (					Anne A rundel				
DIRECTOR	MD 100. STATE 100. COO	e Arundel		y, town dr location esville				1 [	INSIDE CITY LIMITS? YES MO		
FUNERAL	968 Main Str 968 Main Str	eet		101. ZIP CODE 20765			USA	ZEN OF WNAT	COUNTRY?		
BY FUN	11. MARITAL STATUS  1 Never Merried 2 Merried  3 Wildowed 4 Divorced	R IN U.S. ARMED ES 27 NO R DATES	If yes,	specity Cuben, Mexica	NOENT OF HISPANIC ORIGIN? (Specify Yee or No- city Cuben, Mexican, Puerto Rican, etc.)  Specify:			14. RACE — Americen Indian, Black, White, atc. Specify: White			
	15. DECEDENT'S	EOUCATION	18e. DECEDENT'S U	SUAL OCCUP	TION	186. KINO OF BUS	SINESS/IND	USTRY	WIIILE		
COMPLETED	(Specify only highest ( Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT use	rk done during retired.)	most of working						
MP	12	4	Teach	er		Anne	Arun	del	20.		
8	17. FATHER'S NAME (First, Middle, Last			18. MOTNER'S NA	ME (First, Middle, Maiden	Surneme)					
BE	Harvey E. Le	atherbury				M. Dixo					
<u>و</u>	19e. INFORMANT'S NAME (Type/Print)					Route Number, City or Tow					
-	Jean Trott			4840 Church Lane, Galesville, M							
	1 Buriel 2 Cremetion 3 4 Donetion 5 Other (Specify)		Quaker C	other place) uaker Cemetery  22. NAME AND ADDRESS OF FA			calesville, MD				
	21. SIGNATURE OF FUNGBAL DERVICE	Dall	Har	desty Fu	neral Ho						
	23. PART I. Enter the diseases,	or complications that cau	ised the death. Do no			11e Rd.			Approximate		
									Interval Between Onset and Death		
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE DF):										
	PART II. Other algolificant cond	litiona contributing to deet	th but not resulting in	the underl	ing cause given in	Part I. 24e. WAS AN			RE AUTOPSY FINDINGS		
EDICAL	Pruma	md				1 YES 2		co	MPLETION OF CAUSE DEATH?		
Σ	tranding	Chelonje	tis			_		1 [	YES 2 ND		
MA	25. WAS CASE REFERRED TO MEDIC	AL		20	PLACE OF OEATN (Ch	eck anly one)					
SIC	EXAMINER?  1 YES 2 NO	HOSPITAL:		OTHER:	Iome 5 - Residence	8 Other (Specify)					
Y PHYSICIAN:	27. MANNER OF DEATN  Retural 5 Pending Investigat	28a. DATE OF INJU (Month, Day, Ye	RY 28b. TIME	OF 28c.	INJURY AT WORK?	28d. DESCRIBE HOW	INJURY OC	CURED			
red BY	2 Accident Investigat 3 Suicide 8 Could no 4 Homicide determin	28e. PLACE OF INJ building, etc. (	URY — At home, ferm, st	reet, factory, o	ffice	28f. LOCATION (Street City or Yown, State		r or Rural Route	Number,		
COMPLETED	(Check only	PNYSICIAN: To the best of my k							d manner ee stated.		
8E	29b. SIGNATURE AND TITLE OF CER	TIFIER MAN	~		29c. LICENSE NU	MBER	29d. DAT	E SIGNED (MO	orth, Day, Year)		
5	30. NAME AND ADDRESS OF PERSON	N WNO COMPLETEO CAUSE OF	OEATN (ITEM 27) (Type,		AMMEN	20615	u)	×			
	31. DATE FILED (Month, Day, Year)	32. BEGISTRAR'S	SIGNATURE	74.00	· TVEY AIT						
	APR 1 2 1990	July Davidson	fundable								

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 moins after death. Page 6 may be retained by the hospital or att	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use	be filed within 72 hours after death with the State Dept. of Health and Merital Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC			REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)  DO LING	da Silver	man	Lowman	n	2. DATE OF DEATH MONTH 4-9-90 DAY	Y YEAR	3. TIME OF DEATH 9:10AM M		
	4. SOCIAL SECURITY NUMBER  214-52-2728  9a. FACILITY NAME (If not institution, give s	5. SEX  1 M 2 F 6. AGE  treet and number)	Cour	nmond, VA						
TOR	1248 Pine Avenue			Shady	yside		Anne A	Arundel County		
DIRECTOR	10a. STATE 10b. COUNT	v ne Arundel		ly Side				10d, INSIDE CITY LIMITS? 1 YES X NO		
FUNERAL	100. STREET AND NUMBER  1248 Pine Ave			100	ZIP CODE 20764		10g. CITIZEN OF WHAT COUNTRY?			
BY FUN	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 THO IF YES, GIVE WAR OR DATES			13. Was Decemberr OF HISPANIC ORIGIN? (Specify Yea If yes, specify Cuban, Maxican, Puarto Rican, etc.)  1 ☐ YES 2 ☑ NO Specify:					
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	ICATION o completed) College (1-4 or 5+)	Me. Do NOT use n	k done during mos etired.)	N t of working	16b. KIND OF BUS				
OMPL	12 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Male						nce Co	•		
띪	Bert K. Silve	erman	19b. MAILING AI	DORESS (Street an		Thompson oute Number, City or Town	n, State, Zip Code)			
٤	James S. Lowman 1248 Pine A venue, Shady Side, MD  20a, METHOD OF DISPOSITION (Name of completely, crematory or 20c, LOCATION — City or Town, S									
	20a. METHOD OF DISPOSITION  197 Burlel 2 Cremetion 3 Ramoval from State  4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNE ALL SHIVING LICENSEE  20b. PLACE OF DISPOSITION (Name of cemetary, crematory or other places)  Lakemont Cemetery  22c. LOCATION — City or Town, State Davidsonville  22c. LOCATION — City or Town, State Davidsonville  Lakemont Cemetery  22c. NAME AND ADDRESS OF FACILITY Hardesty Funeral Ho me P.A.									
	► Date )	andel	h.					A. sville, MD		
	23. PART I. Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	Carbon M				as cardiac or respi	ratory arreat,	Approximata Interval Between Onset and Death		
TION	Sequentially list conditions, If eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury  Due TO (OR AS A CONSEQUENCE OF):  Due TO (OR AS A CONSEQUENCE OF):									
FICA	cause. Enter UNDERLYING CAUSE (Disease or Injury	cDUE TO (OR AS	A CONSEQUENCE OF):							
CERTIFICA	cause. Enter UNDERLYING	cDUE TO (OR AS	A CONSEQUENCE OF):							
MEDICAL CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evanta	d	VW 322000	tha underlying	cauaa given in	Part I. 24a. WAS AN PERFOR	MED?	Ab. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  XX YES 2 \( \subseteq \text{NO} \)		
MEDICAL	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL	dns contributing to death	but not resulting in	26. PL	cauaa given in	PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?		
MEDICAL	CAUSE (Disease or Injury thet initiated evanta resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1XXYES 2 NO	ns contributing to death  HOSPITAL:  1   Inpatient 2   ER/Out	but not resulting in	26. PL DTHER:	ACE OF OEATH (Che	PERFOR  VEXYES 2  pck only one)  8 Uther (Specify)	MED?	AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?		
PHYSICIAN: MEDICAL	cause. Enter UNDERLYING CAUSE (Disease or Injury thet initiated evanta resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	dns contributing to death	but not resulting in	26. PL DTHER:    Nursing Homo OF   26c. INJI	ACE OF OEATH (Che	PERFOR  VEXYES 2  ick only one)  8  Other (Specify)  28d. 0ESCRIBE HOW II	NJURY OCCUREO	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  XX YES 2 NO		
ED BY PHYSICIAN: MEDICAL	CAUSE. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1XDYES 2 NO  27. MANNER OF DEATH  1. Apetural 5 Pending	HOSPITAL:    I   Inpetient 2   ER/Our   28a. DATE OF INJURY (Month, Day, Near)   4-9-90	tpatient 3 DOA 4  29b. TIME INJUI AM  Y — At home, farm, strectly)	26. PL  OTHER:  Nursing Home OF 28c. INJI WOI 1   Y	ACE OF OEATH (Che  XX Residence JRY AT RK? ES 2XXNO	PERFOR  VEXYES 2  State of the property  State of the property  State of the performance	NJURY OCCUREO Carbon	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  XX YES 2 NO		
ED BY PHYSICIAN: MEDICAL	CAUSE. (Disease or Injury thet initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1XXYES 2 NO  27. MANNER OF OEATH  1 Metural 5 Pending Investigation  2 X Accident   Investigation   Pending Investigation    3 Suicide 8 Could not be determined  298. CERTIFIER (Check only) 1 CERTIFYING PHYSICAL    298. CERTIFIER (Check only) 1 CE	HOSPITAL:  1   Inpatient 2   ER/Out  28a. DATE OF INJURY  4-9-90  28a. PLACE OF INJUR	tpatient 3 DOA 4  28b. TME (NJU) AM  Y — At home, farm, strechy)  home	26. PL DTHER:    Nursing Horm OF 28c. INJI WO 1   Y eet, factory, office -garage at the time, data	ACE OF OEATH (Che	PERFOR  PERFOR	NJURY OCCUREO Carbon and Number or Run Avenue	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  XXX YES 2 NO  monoxide fume of Route Number,  s, Shadyside,  y, Maryland		
BY PHYSICIAN: MEDICAL	CAUSE. (Disease or Injury thet initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1XXYES 2 NO  27. MANNER OF OEATH  1 Metural 5 Pending Investigation  2 X Accident   Investigation   Pending Investigation    3 Suicide 8 Could not be determined  298. CERTIFIER (Check only) 1 CERTIFYING PHYSICAL    298. CERTIFIER (Check only) 1 CE	d.  ns contributing to death  HOSPITAL:    Inpetient 2   ER/Out   28a. DATE OF INJURY (Month, Day, Near)   4-9-90   28a. PLACE OF INJURY building, etc. (Sp.	tpatient 3 DOA 4  28b. TME (NJU) AM  Y — At home, farm, strechy)  home	26. PL DTHER:    Nursing Horm OF 28c. INJI WO 1   Y eet, factory, office -garage at the time, data	ACE OF OEATH (Che  ACE OEATH (Che  ACE OF OEATH (Che  ACE OF OEATH (Che  ACE OF OEATH (Che  ACE OF OEATH (Che  ACE OF OEATH (Che  ACE OF OEATH (Che  ACE OEATH (Che  ACE OEATH (Che  ACE OEATH (Che  ACE OEATH (Che  ACE OEATH (Che  ACE OEATH (Che  ACE OEATH (Che  ACE OEATH (Che  AC	PERFOR  DECK only one)  8 Other (Specify)  28d. DESCRIBE HOW II  Inhaled  28f. LOCATION (Street of City or Town, State)  1248 Pine  1018 Cause (s) and miles, and place, and	NJURY OCCUREO CATOON and Number or Run AVENUE The Avenue 29d. DATE SIGN	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  MX YES 2 - NO  monoxide fume al Route Number,  y, Shadyside,  y, Maryland  e(a) and manner as stated.  ED (Morith, Day, Year)		
E COMPLETED BY PHYSICIAN: MEDICAL	CAUSE (Disease or Injury that Initiated evanta resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1XYES 2 NO  1XYES 2 NO  1XYES 2 NO  1XYES 2 NO  27. MANNER OF DEATH  1 Pending Investigation  2 Notice and Investigation  3 Suicide B Could not be determined  298. CERTIFIER (Check only one)	HOSPITAL:    HOSPITAL:   1   Inpatient 2   ERVOW   28a. DATE OF INJURY (Month, Day, Year)   4-9-90   28a. PLACE OF INJURY (Month, Day, Year)   4-9-90   28a. PLACE OF INJURY (Month, Day, Year)   5ICIAN: To the best of my known of the basis of axaminate of the basis of the basis of axaminate of the basis of axaminate of the basis	tpatient 3 DOA 4  28b. TME (NAME)  AM  Y — At home, farm, strectly)  home wiedge, death occurred on and/or investigation,	26. PL DTHER:  Nursing Horm OF 26c. INJI WO 1	ACE OF OEATH (Che  ACE OEATH (Che  ACE OF OEATH (Che  ACE OF OEATH (Che  ACE OF OEATH (Che  ACE OF OEATH (Che  ACE OF OEATH (Che  ACE OF OEATH (Che  ACE OEATH (Che  ACE OEATH (Che  ACE OEATH (Che  ACE OEATH (Che  ACE OEATH (Che  ACE OEATH (Che  ACE OEATH (Che  ACE OEATH (Che  AC	PERFOR  DECK only one)  8 Other (Specify)  28d. DESCRIBE HOW II  Inhaled  28f. LOCATION (Street of City or Town, State)  1248 Pine  1018 Cause (s) and miles, and place, and	NJURY OCCUREO CATOON and Number or Run AVENUE AVENUE 29d. DATE SIGN 4-1	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  MX YES 2 NO  monoxide fume of Pour Park Park Park Park Park Park Park Par		

6 may be retained by the hospital or attendil	ector, page 5 should be detached for use as t		must be notified at once.
executed within 24 nours after death. Pay	in and completely filled in by the funeral d	to burial, cremation, or removal.	umatic event, the medical examine
law requires that the death certificate be	as been signed by the attending physicia	Jept. of Health and Mental Hyglene prior	23 shows any injury, or other trac
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending	TO THE FUNERAL DRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as to	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE	STATE OF M									E	90		429
	REGISTRAR  1. DECEDENT'S NAME (First, Middle, Last)			CERTIF	ICAI	E OF	DEA	П	2. DATE OF	EG. NO.			3. TIME OF	DEATN
1		Thomas E				Llo	vd		MONTH DAY YEAR			90	8:20	
	4. SOCIAL SECURITY NUMBER	5. SEX		. last birthday)	IF UNDE	R 1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTN 8. BIRT			8. BIRTN	PLACE (State	
	578-56-8278	1 🔀 M 2 🗌 F	45	YRS.	MONTHS	DAYS	HOURS	MIN.		(Month, Day, Year) Co			hingt	OnDC
3	9e. FACILITY NAME (If not institution, give :		96. CIT	Y, TOWN O	R LOCATION	ON OF DE				NTY OF D		JOHDC		
R	Memorial Hospi				Eas	ton				T	albo	t		
DIRECTOR	RESIDENCE OF DECEDENT													
R	10e. STATE 10b. COUNT	v Caroline		10c, CI	Y, TOWN	OR LOCAT							10d. INSIDE LIMITS?	CITY
	4	=				Pre		n				1 X YES 2		
3AL	10e. STREET AND NUMBER				101	. ZIP CODI						WHAT COUNTR	777	
NEF	Maryland Route						555				S.A.			
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced			NO If yes, specify Cuben, Mexican				n, Puerto Rice		or No.	Spec			
	15. DECEDENT'S EDU	I CATION	140.	050505151			D. 1		1 401 100	ID OF BUS			casia	an
COMPLETED	(Specify only highest grade	e completed)		(Give kind of	work done	during mo.	st of world	ng	16b. Kir	ID OF BUS	ANES\$/IN	DUSTRY		
PLE	Elementary/Secondary (0-12)	College (1-4 or 5		-					TAT : >	-0 0	ontr	2110	Belt	
MC	17. FATNER'S NAME (First, Middle, Lest)			Super	VISC	or	16. MOT	HER'S NA	ME (First, Midd			SYUL	Del	
E C	Allen Jeffer				13360	na	Kathe		,	rawn	OV			
00	Allen Jefferson Lloyd Ina K  196. INFORMANT'S NAME (Type/Print) 196. MAILING ADDRESS (Street and Number or Rural Rout									_			i C y	_
2	Norma Lee Llo	vd							restor					
	20e. METNOD OF DISPOSITION		20b. PL/	ACE OF DISPO								City or To		
	1 Surial 2 Cremation 3 Ren 4 Donation 5 Other (Specify)	noval from State		er place) enmo	unt	Cem	ete	rv		Hi1	1sb	oro,	Mary	/land
	22. NAME AND ADDRESS OF FACILITY HOME, PA  WORK FUNCHAL HOME, PA  (25, 2445) DENTONINO 216										167			
	23. PART L Enter the diseases or shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one car	t caused the use on each	Lage	5	s the mo	Cer	ing, suc	th as cardiac	or respi	My	root,	interv	AOS
ERTIFICATION	Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST								Rg					
MEDICAL C	PART II Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  24a. WAS AN AUTOPSY PREFORMED?  1 YES 2 NO  1 YES 2 NO								RIOR TO OF CAUSE					
PHYSICIAN:	Congress	2	x Yr	eem	m		-							
C	25. WAS CASE REFERENCE TO MEDICAL EXAMINER?	HOSPIPAL:			OTHE		LACE OF E	DEATH (Ch	neck only one)					
YS	1 TYES 2 HIND 27. MANNER OF DEATH	1 Minpetient 2		1		1		esidence	6 Other (S					
ву Рн	1 Nsturel 5 Pending 2 Accident Investigation	28a. DATE Of (Month, I	Day, Year)	26b. TI	ME OF IJURY M	WC	PES 2 [	_ NO	28d. DESCRI	BE NOW I	NJURY OC	CURED		
ETED (	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE ( building	OF INJURY — A , stc. (Specify)	At home, farm,	streel, fa	ctory, offic	:0			ON (Street ( own, State)	and Numbe	er or Rural	Route Number,	
COMPLE	one) 2 MEDICAL EXAMIN	/					ieath occu	red at the	time, date end		d due to t	the couse(		
B	296. SIGNATURE AND TITLE OF CENTIFIE	LARAII	110				29c. LIC	ENSE NU	MBER	/	29d. DA	TE SIGNE	(Month, Day.	Year)

5, M.D., 506 Idlewild Ave., Easton, MD 21601
32. REGISTRAR'S SIGNATURE
Julia Davidson-Randelle

FERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Donald T. Lewers, M.D.,

31. DATE FILED (Month, Day, Year)
FEB 23 90

Julia Davids

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the Hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or them 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR STATE REGISTRAR		STATE OF M				F HEALTH AND	MENTA	L HYGIEN	E			
1. DECEDENT'S NAME (First,	Middle, Last)	2	В			uski	2. DATE	OF DEATH	" 19°	EAR	TIME OF DEATH	
4. SOCIAL SECURITY NUMBE		. SEX	8. AGE (In yrs. Is	st birthday)	IF UNDER 1 YE		7. DATE	OF BIRTH	10.		IZ: 33A "	
219-14-3415		M 2 XF	79	YRS.	ONTHS DA	YS HOURS MIN.		23-191	9c. COUNTY	Country) M		
	al Hosp				wat Cirt, 101	Easton	ZAIR			lbot		
10a. STATE	10b. COUNTY Carolin			10c. CITY,	TOWN OR LO	DCATION					I. INSIDE CITY LIMITS?	
100. STREET AND NUMBER	Caronii	C		Dei	ton	10f, ZIP CODE			10o. CITIZEI		YES 2 NO	
232 Cart						21629			USA			
II. MARITAL STATUS I Never Married 2   I 3 Wildowed 4   Divor	Married	FORCES? 1 IF YES, GIVE W	YES 2	RMED NO	If yes	DECENDENT OF HISP/ s, specify Cuban, Mexic YES 2X NO Spec	an, Puerto		or No 14	14. RACE — American Indian, Black, White, etc.		
15. DECE (Specify only Elamentary/Secondery (0-	DENT'S EDUCAT	ION npleted) College (1-4 or 5 +	(4	ECEDENT'S U Give kind of wo e. Do NOT use	rk done durin	PATION g most of working	161	b. KIND OF BU	SINESS/INDUS	TRY	10	
7 th		somege (I-V or V V	Cod	ok			D	el. Ho	spital	f/t	Cronically	
7. FATHER'S NAME (First, Mic	ddle, Last)					18. MOTHER'S N			-			
Thom	as Kno	X				Hester	Hut	tson K	nox			
Se. INFORMANT'S NAME (Ty	pe/Print)		11	b. MAILING	DORESS (Str	reet and Number or Rura	Route Nurr	nber, City or Tow	n, State, Zip Go	ide)		
/irginia Bra	dley		2	32 Ca	rter	Ave, Deni	ton,	MD 21	629			
Burial 2 Cremation Donation 5 Other	n 3 🗆 Remove	i from State	20b. PLACE other p	ilace)		or cometery, cremetory or			cation — cit			
1. SIGNATURE OF FURERAL		SEE		0,0		E AND ADDRESS OF F	ACILITY			_	D 21639	
1 1/12	sech.	Su	de	-	Fleeg	gle-Helfen	bein			-		
23. PART I. Enter the dis shock, or he IMMEDIATE CAUSE (Fin- disease or condition resulting in death)	eart fallure. Lis	t Dnly one ceu	se Dn each lin	0.		mode of dying, eu				t,	Approximate interval Between Onset and Deat	
Sequentially list condition of the condi	one, flete NG	DUE TO	(OR AS A CONSE	EQUENCE OF)								
PART II. Other significan	nt conditions	contributing to	death but not	resulting in	the under	iying cause given i	n Part I.	24a. WAS AN PERFOR	MED?	CO	RE AUTOPSY FINDINGS ALLABLE PRIOR TO MPLETION OF CAUSE OEATH?  YES 2 NO	
										N	<b>A</b>	
5. WAS CASE REFERRED TO EXAMINER?		OSPITAL:			OTHER:	6. PLACE OF DEATH (C	theck only o	one)				
1 TYES 2 NO	1	Inpatient 2	ER/Outpatient	3 DOA	4 - Nursing	Home 5 - Residence	T					
	Pending nvestigation	28a. DATE OF (Month, D		28b. TIME INJU	RY	: INJURY AT WORK?	28d. DE	SCRIBE HOW	NJURY OCCUI	RED		
3 Sulcida 8	Could not be letermined	28a. PLACE O building,	F INJURY — At hetc. (Specify)	ome, farm, st	reet, factory,	office	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
anal		-				date and place, and di on, death occured at th					nd manner as stated.	
96. SIGNATURE AND TITLE						29c, LICENSE N					Day, Year)	
Stakel	& NO		· · · · · · · · · · · · · · · · · · ·			D35	25	7	12/	22	198	
KEVIN S		COMPLETED CAU		EM 27) (Type,	26 D	Wichum!	15 LA	ME	Fack	رالمر	40,2160.	
FEB 2	3"'90	32. REGISTAL	N'S SIGNATURE									

Andrew Comments

The board from a series of the

FOR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERT	TIFIC/	ATE OF	DEATH		REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last)						2. DATE O	D	NY	YEAR	3. TIME OF DEATH
MILDRED	MARIE	MOR	GAN			APRI	LĨ		990	11:45 A-
4. SOCIAL SECURITY NUMBER 479-05-7653	5. SEX 6. A	GE (In yrs. last birth		THS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, of OCT.	Day, Year)	1918	Countr	**
9a. FACILITY NAME (If not institution, give str 10,505 CASCADE E			9b.	CITY, TOWN O	R LOCATION OF DE VER SPR				NTGOI	
RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY		140	CITY TO	WN OR LOCAT	ON					10d. INSIDE CITY
MARYLAND	MONTGOMER		OIT 1, 10	SILV	ER SPRI	NG				LIMITS? 1 YES 2 NO
10,505 CASCADE	PLACE			10f.	2090	2		10g. CIT	USA	VHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 1 1 IF YES, GIVE WAR C	ES 2 NO		If yes, spe	ENDENT OF HISPAR belfy Cuben, Mexice 2 XNO Specifi	n, Puerto Ric		or No—	14. RACE Black Spec	E — American Indian, k, White, etc. thy: WHITE
15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a. DECEOE	ENT'S USU	AL OCCUPATIO	N et of working	16b. I	IND OF BU	SINESS/INC	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	SECR.	ter seu TOF	(red.)	is sir working	NA'	r'L I	NST.	OF N	MENTAL HEAL
17. FATHER'S NAME (First, Middle, Last)					16. MOTHER'S NA	ME (First, Mic	idle, Meiden	Surname)		
MARTIN BLASE	R				JULIA			ANDI	ERSO	V
19s. INFORMANT'S NAME (Type/Print)					nd Number or Rural					
JOHN S. MORGAN	(HUSBA	ND) 10,	505 (	CASCADI	E PLACE,	SILV	ER SP	RING.	MAI	RYLAND 2090
Qa. METHOD OF DISPOSITION   X Buriel 2   Cremation 3   Remo					netery, crematory or			CATION —		
□ Donetion 5 □ Other (Specify)		GATE O	F HI		CEMETER		SIL	VER S	SPRIN	NG. MARYLAN
1. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	1			S J. CO		EIME	DAT	IOME	TNO
· VIII	1 Son	IK.		500 U	VIVERSIT	Y BI.VI	D. W	NAL I	IUPIE :	SP., MD 209
MMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate	bue 10 (on	AS A CONSEQUEN	ice orj:	enocc	aveino	ma o	ot k	rea	5	2 /2 yx
ceuse. Enter UNDERLYING CAUSE (Dissess or Injury thet initiated events resulting in death) LAST	DUE TO (OR	AS A CONSEQUEN	UENCE OF):							
PART II. Other algnificent condition	a contributing to dea	th but not resul	iting In th	ne underlylng	g ceuse given in		PERFOR	RMED?	241	WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	Outnationt 3 □ F		28. PL	ACE OF DEATH (Ch					
27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28s. OATE OF INJU	JRY 26	b. TIME OF	28c. INJ WO			RIBE HOW	INJURY OC	CUREO	
3 Suicide 6 Could not be determined	28e. PLACE OF IN- building, etc.	JURY — At home, (Specify)	farm, stree	t, factory, office	•		TON (Street Town, State,		r or Rural	Route Number,
29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	CIAN: To the best of my I									s) and manner as stated.
SHOW SHOWATURE AND TITLE OF CERTIFIER	Skin	~			29c. LICENSE NU	MBER 992		29d. DAT	E SIGNED	(Month, Day, Year)
SO, NAME AND ADDRESS OF PERSON WHO  KATHRYN S. NEWTN  31. DATE FILEO (Month, Day, Year)  APR 6 90	-	400 CONN		CHT AV	ENUF, #6	506, k	FNSI	VCTON	, MA	PYLAND 208

lid be detached for use as the burial-transit permit. Pages 1, 2, 3 should at by the hospital or attending physician. MAYLAND 21203-3146

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. If TO THE FUNERAL DIRECTION After this certificate has been signed by the attending physician and completely filled in by the funeral be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burital, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examina DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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OU VIEWOUND THE STATE OF THE ST	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be interested.		tem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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7	After	ours after death with the State Dept. of Health and Mental Hygiene prior to bun'al, cremation, or removal.	E
7	OR:	fter (	8 8
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burial-transit permit. Pages 1, 2, 3 should

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART			MENTAL HYGIEN					
	1. DECEDENT'S NAME (First, Middle, Last)	ROBEL	RT ALLEN			2. DATE OF DEATH			AE OF DEATH		
	Robert	Meicho				MONTH G	97	AR	10:35a M		
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (		F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE Country)	(State or Foreign		
	579-52-8181	1 <del>Q M 2 □ F   71</del>	YRS.	DAYS	HOURS MIN.	May 21, 1	21, 1918 VA				
~	9s. FACILITY NAME (If not institution, give a				R LOCATION OF DE	EATH	9c. COUNTY	OF DEATH			
0	10824 Fox Hunt La	ne		Poto	mac		Montg	omery			
DIRECTOR	10e. STATE 10b. COUNT	Y	10c. CITY,	TOWN OR LOCAT	TON				NSIDE CITY		
E	MD Mon	t.	Poto	mac				LIMITS? YES 2 NO			
	10e. STREET AND NUMBER			101	. ZIP CODE		OF WHAT C	OUNTRY?			
FUNERAL	10824 Fox Hunt La			20854		S.A.					
J.	11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 X YES				IIC ORIGIN? (Specify Yes	or No- 14.	RACE Am Block, White	nerican Indian,		
ВУ	1 Never Merried 2 Merried  3 Wildowed 4 Divorced	WW II, Korea	ATES	1 TYES	2X NO Specify		7	Specify: White			
	16. DECEDENT'S EDU		16a. DECEDENT'S U		NA .	16b, KIND OF BU					
	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of wo	rk done during ma	st of working	IOU. KIND OF BO	SINESS/INDOS	· NT			
PL	and the state of t	5 +	Ret.	Col.		U.S.	M.C.				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maiden					
BEC	Robert Allen Merc	hant, Sr.			Grace	Pease					
TO B	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DORESS (Street e	nd Number or Rural F	Route Number, City or Tow	m, State, Zip Coo	de)			
	Virginia Merchant			as ite							
	20e. METHOD OF DISPOSITION 1   Burlel 2 □ Cremetion 3 □ Rem	oval from State	other piece). Nat	FION (Name of cer	netery, crematory or		LOCATION — City or Town, State				
	4 Donetion 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LIC		Ari. Nat		10 ADDRESS OF FA		Arl., VA				
	A · D. (	120.0				er's Sons,	Inc.				
	michael	ce. held	lon			. NW Wash.					
	23. PART I. Enter the diseases, or ahock, or heart failure.	complications that caused List only one cause on e		t antar tha mo	de of dylng, suc	h as cardiac or resp	iratory arrest,		Approximate Interval Between		
	IMMEDIATE CAUSE (Final										
	disease or condition resulting in death) a. Plastate CANCI								176.		
_	DUÉ TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF)								
CA	cause. Enter UNDERLYING CAUSE (Disease or Injury	C									
E	that initiated events	DUE TO (OR AS A	CONSEQUENCE OF)								
H	Teading in death) Exst	d									
ALC	PART II. Other algnificant condition	na contributing to death b	out not reaulting in	tha undarlyln	g causa given in				AUTOPSY FINDINGS		
2						PERFOR		COMP	ABLE PRIOR TO LETION OF CAUSE		
AED								OF DE	YES 2 NO		
N.						_					
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	UCCDITAL.			ACE OF DEATH (Ch	eck only one)					
YSI	1 TES 2 NO	HOSPITAL: 1   Inpatient 2   ER/Outp		OTHER:  United Horn Horn	e 8 Residence	8 Other (Specify)					
PH	27. MANNER OF DEATH  1 Netural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	286. TIME INJU	RY WO	RK?	28d. DESCRIBE HOW	INJURY OCCUR	ED			
BY	2 Accident Investigation	00- 01-05-05 NI NIW			YES 2 NO						
ED	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	city)	reet, factory, offic	•	28f. LOCATION (Street City or Town, State)		Rurel Route N	lumber,		
9	29e. CERTIFIER			-							
COMPLETED	(Check only	ICIAN: To the best of my know ER: On the basis of examination						tuse(s) and r	manner ee stated.		
	290. BIGNATURE KIND TITLE OF CERTIFIE	0 - 0	0		296. LICENSE NUI		29d. DATE SI				
) BE	Sense	T MULL	us m	P	033	386	D 4	1619	0		
T0	30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CAUSE OF DE	ATH (ITEM 27) (1/06, I	ring	.11.	1	^				
'	Jennigh 1	MIMIM	181	11 10	ne Yr	NYB M	2 Ope	M. K.	10 5020		
	31. DATE FILED (Month, Day, Year)	32 REGISTRAR'S SIGN	ATURE					(			
_	APR 0 9 90	June vivido	- Natiasias						DMMM 16 Day 1/80		

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burfal, cremat IMPORTANT: If Item 28 is marked, or litem 23 shows any Injury, or other traumatic event, DIVISION OF VITAL RECORDS, P.O. BOX 13146, 10.0 RATENDING PHYSICIAN: The law requires that the death certificate be executed within

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NO 21203-3146	ATTENDING PHYSICIAN: The law requires that the death certificate be executed within ours after death. Page 6 may be maken the manner or attending physician.	ECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5, pages and the page as the burial-transit and the page as the burial-transit and the page as the burial-transit and the page as the burial transition of pages and the page as the burial transition of pages and the page as the burial transition of pages and the page as the burial transition of pages and the page as the page as the burial transition of pages and the page as the p	
BALTIMORE, MARKENNE 21203-3146	. Page 6 may be made the	ral director, page 5	S diet bedal Will be State Upt. of regul and mana system pro a constant, of sample.
146, BALT	nted within ours after death	completely filled in by the tune	ids, crossington, or lessonal.
DS, P.O. BOX 13	t the death certificate be execu	by the attending physician and	The mental crystelle prior to be
VISION OF VITAL RECORDS, P.O. BOX 13146,	HYSICIAN: The law requires tha	ECTOR: After this certificate has been signed by the attending physician and completely filled in by the temperature prior to build premaring or compared	Will the State Dept. Of fleating
VISION (	ATTENDING P.	ECTOR: After th	aller beaut

1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM				IENE . NO.	
1. DECEDENT'S NAME (First, Middle, Les L'ouise		Kenna			2. DATE OF DEA MONTH	TH DAY	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday) IF	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRT (Month, Day, Ye	H 8	B. BIRTHPLACE (State or Foreign Country)
578 10 4623 9e. FACILITY NAME (If not institution, giv		7.4 YRS. 96	CITY, TOWN O	R LOCATION OF DE	Nov. 15		Washington, D. (
2009 Grace Churc	h Road	S	ilver :	Spring		Мо	ntgomery
10a. STATE 10b. COU			ver Spi				10d, INSIDE CITY LIMITS? 1 YES 2 X NO
10e. STREET AND NUMBER	egomet,			ZIP CODE		10g. CITIZE	EN OF WHAT COUNTRY?
2009 Grace Churc  11. MARITAL STATUS  1 □ Never Merried 2 □ Merried  3 ※ Widowed 4 □ Divorced	h Road  12. was decedent even i Forces? 1 1 Yes if yes, give war or d	2 NO	If yes, spe	20910  NDENT OF HISPAN city Cuban, Mexica 2 X NO Specify	n, Puerto Rican, et	fy Yes or No 1	ed States  4. RACE — American Indian, Black, White, stc.  Specify:  White
15. DECEDENT'S E (Specify only highest gri	DUCATION ade completed)  College (1-4 or 5 +)	18e. DECEDENT'S USU (Give kind of work life. Do NOT use re	JAL OCCUPATION done during most tired.)	N I of working	16b. KIND C	F BUSINESS/INDU	
Elementary/secondary (0-12)	2	Secretar	У		Fede	eral Gov	ernment
17. FATHER'S NAME (First, Middle, Last)	Pfeiffer				ME (First, Middle, M		Mhomp a on
Albert  19a. INFORMANT'S NAME (Type/Print)	Prerrier	19b. MAILING AD	DRESS (Street ar	Flore		Goldie or Nown, State, Zip C	Thompson
Kathleen Ann Har	ple					i, Virgi	· ·
20s. METHOD OF DISPOSITION  1 Surial 2 Cremetion 3 R  4 Donation 8 Other (Specify)	emoval from State	b. PLACE OF DISPOSITION other place) Cedar Hill				oc. LOCATION — CI	ty or Town, State
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	M00689	Home/1	address of fa Bethesda	cium Robei -Chevy (	ct A. Pu Chase, I	mphrey Funeral nc. 7557 Md.20814-3501
immediate cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c		Thy	thmic	ioVasc	cular 1	Interval Batwae Onset and Dear Framedon Disease 30y
PART II. Other algorificent condition Diabetes Renal J Anemia	mellitus  nesse of fic		he underlying	ceuse given in	P	MS AN AUTOPSY ERFORMED? (ES 2 (NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (Ch	eck only one)		1
EXAMINER?	HOSPITAL: 1   Inpatient 2   ER/Out		THER:  Nursing Home	8 10 Residence	6 Other (Special	ly)	
27. MANNER OF DEATH  1 Natural 5 Pending Investigation Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME O	/ WO	JRY AT RK? ES 2 NO	28d. DEŞCRIBE	HOW INJURY OCC	URED
2 Accident investigant 3 Suicide 8 Could not determined	28e. PLACE OF INJUR building, etc. (Spe	Y — At home, farm, streedly)	et, factory, office		281. LOCATION ( City or Town,	Street and Number of State)	or Rurel Route Number,
CONTROL ONLY	YSICIAN: To the best of my know						d. cause(s) and manner as stated.
29b. SIGNATURE AND TITLE OF CERTIF	B. arnold	2 mQ.		29c. LICENSE NUI	1 1 4.		SIGNED (Month, Day, Year) 4-17/90
Russell B. Ay	nold M.D.	1106 Spri	ng Str	eet, S.	lver S	Pring.	MD 20910
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN						

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PHYSICIAN: The law requires that the death	this certificate has been signed by the atten-	n with the State Dept. of Health and Mental	arked, or item 23 shows any injury, o
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TENDING PHYSICIAN: The law requires that the death	OR: After this certificate has been signed by the atten	fter death with the State Dept. of Health and Mental	is is marked, or item 23 shows any injury, o
R ATTENDING PHYSICIAN: The law requires that the death	RECTOR: After this certificate has been signed by the atten	urs after death with the State Dept. of Health and Mental	im 28 is marked, or item 23 shows any injury, o
AL OR ATTENDING PHYSICIAN: The law requires that the death	L DIRECTOR: After this certificate has been signed by the atten	2 hours after death with the State Dept. of Health and Mental	f item 28 is marked, or item 23 shows any injury, o
SPITAL OR ATTENDING PHYSICIAN: The law requires that the death	VERAL DIRECTOR: After this certificate has been signed by the atten	nin 72 hours after death with the State Dept. of Health and Mental	VT: If item 28 is marked, or item 23 shows any injury, o
HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death	FUNERAL DIRECTOR: After this certificate has been signed by the atten	within 72 hours after death with the State Dept. of Health and Mental	ITANT: If item 28 is marked, or item 23 shows any injury, o
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the like	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detail	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to builal, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at ones

	1 - STATE REGISTRAR	STATE OF MARYL			HEALTH AND	MENT	AL HYGIENI REG. NO.	E	
	1. DECEDENT'S NAME (First, Middle, Las	MARGARET			DEATH	2. DAT	E OF DEATH A	PR. 7	90 3. TIME OF DEATH II 4
	MARGAR		LETT	E		MON	ITH DA	Y 9	1145 PM P
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DAT	E OF BIRTH	, la	BIRTHPLACE (State or Foreign
	282-22-6012	1 □ M 2 💢 F 62	YRS.	MONTHS DAYS	HOURS MIN.	SEI	PT.14,	1927	OHIO
	9a. FACILITY NAME (If not institution, given			9b. CITY, TOW	N OR LOCATION OF				Y OF DEATH
E	SUBURBAN E	OSP'T		BET	HESDA			MONT	rgomery
DIRECTOR	RESIDENCE OF DECEDENT								
H	10a. STATE 10b. COU	NTY	10c. CIT	Y, TOWN OR LO	CATION				10d. INSIDE CITY LIMITS?
		NTGOMERY		BETHES					1 XYES 2 NO
¥.	10e. STREET AND NUMBER				10f. ZIP CODE			10g. CITIZE	N OF WHAT COUNTRY?
FUNERAL		LOCKS RD.			20817				J.S.A.
큔	11. MARITAL STATUS  1 Never Married 2 X Married	12. WAS DECEDENT EVER I FORCES? 1 YES	IN U.S. ARMED		ECENDENT OF HISP specify Cuban, Mexi			or No- 14	I. RACE — American Indian, Black, White, etc.
B	3 Widowed 4 Divorced	IF YES, GIVE WAR OR D	DATES	1 🗆 Y	ES ZX NO Spe	cify:			Specify: WHITE
1	15. DECEDENT'S E	DUCATION	16e. DECEDENT'S	I IISHAL OCCUPA	TION	L	6b. KIND OF BUS	INESS/INDIES	
-	(Specify only highest gr	ade completed)		work done during		- 1"	ob. KIND OF BOO	M4E33/14D03	oint .
图	Elementary/Secondary (0-12)	College (1-4 or 5 +)	HOM	EMAKER			AT	HON	AE.
COMPLE	17. FATHER'S NAME (First, Middle, Last)		11011			NAME (First	, Middle, Maiden		11.
Ö	WAYNE	SANFORD			10.445.07111.444	RIS		PARSO	ONS
BE	19a. INFORMANT'S NAME (Type/Print)	DIALIT OILD	19b, MAJLING	3 ADDRESS (Stree	et and Number or Run				
2	HENRY C. ME	T.T.E.TTE		SAME	AS ITE	M ±	<b>‡10</b>		
	20s. METHOD OF DISPOSITION	20	b. PLACE OF DISPO		cemetery, cremetory of			CATION Cit	ty or Town, Stata
	1 Duriel 2 Cremation 3 R	emoval from State	other place)	MBERS	CREMAT	ORV			ALE, MD.
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	0.11.		AND ADDRESS OF				
	MAG	Combinell	2 моооэ:	ı w	W. CHAM	BERS			SPRING, MD. 20910
	23. PART i. Enter the diseases,		ed the death. Do						it, Approximate
		re. List only one cause on		CANCER					Interval Between Onset end Peath
	IMMEDIATE CAUSE (Finel disease or condition	COLON		ANC					7 YRS
	resulting in death)	a	A CONSEQUENCE O						- N3
-									
ō	Sequentially list conditions, if any, leeding to immediate	DUE TO (OR AS	A CONSEQUENCE	OF):					
CAI	cause. Enter UNDERLYING	C.							
Ĕ	CAUSE (Disease or injury that initiated events	DUE TO (OR AS	A CONSEQUENCE	OF):					
CERTIFICATION	resulting in death) LAST	d							
	PART II. Other significant conditions	tions contributing to death	but not resulting	In the underly	don cause niven	in Part I	24s, WAS AN	ALITOPSY	24b. WERE AUTOPSY FINDINGS
CAL					ing could given		PERFOR	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
EDI							1 🗍 YES 2	Mino	OF DEATH?
Σ									1 TES 2 NO
PHYSICIAN:									
C	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	PLACE OF DEATH	Check only	one)		
YS	1 YES 2 NO	1 X Inpetient 2 - ER/Out			fome 5 - Rasidenc	_			
F	27. MANNER OF DEATH  1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)		JURY	INJURY AT WORK?	28d. D	DESCRIBE HOW I	NJURY OCCU	PRED
ВУ	2 Accident investigation				YES 2 NO	-			
ED	3 Suicide 8 Could not 4 Homicide determined		ty — Al home, farm, ecity)	street, factory, o	iffice	281. L	OCATION (Street ity or Town, State)	and Number of	r Rural Route Number,
COMPLET	(Critical Grity	TYSICIAN: To the best of my knowledge.  INER: On the basis of axamination							
8			Total and an investigation	rott, itt my opinio			ate and place, ar		
BE	296, SIGNATURE AND TITLE OF CERTI	11	n	10	29c. LICENSE	(T)		DATE:	SIGNED (Month, Day, Year)
2	20 NAMETIND APPROPRIATOR DEFENDE	1 John College	THY HITELA DO CO	1 J	00 000	1/6	6	DATE	18/90
	DANIEL ROS	DENBEUPPES OF	104	00 704	VE CON	N. F	VE, K	ENSIL	NGTON, MD.2089
	31. DATE FILED (Month, Day, Year)	32 REGISTRAR'S SIG		- John	The last	70	K=713	1-76-1	17801 CM,40
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Jurs after death. Page 6 may be retained by the hospital	ly filled in by the funeral director, page 5 should be detached for	abon, or removal.	the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for	be filed within 72 hours after death with the State Dept. or meann and mental riggiene prior to burial, crema	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

CERTIFICATION

MEDICAL

COMPLETED BY PHYSICIAN:

BE

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FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH DAY 2 APRIL ALBERT **EDWARD** 1950 MORTIMER 6:00pm 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. 1 M 2 F AUGUST 7,1932 099-24-1918 NEW YORK AMI DOCTOR STHOSPITAL OF P.G.CO. PRINCE GEORGE"S \* CITY TOWN OF LOCATION OF PEATH RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND PRINCE GEORGE BOWLE 1X YES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 4915 ROCKINGHAM LANE 20715 UNITED STATES 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 12 YES 2 NO 14. RACE — American Indian, Black, White, atc. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: FORCES? 12 YES 2 1 Never Merried 2 Merried Specify: 3 Widowed 4 X Divorced KOREAN CONFLICT WHITE 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe Elementary/Secondary (0-12) College (1-4 or 5+) 12 TYPOGRAPHER PUBLICATION 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) ALBERT EDWARD MORTIMER SR MARIAN B. TIBBELL 19s. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) KATHLEEN CAIRNS 4915 ROCKINGHAM LANE, BOWIE, MD 20715 20e. METHOD OF DISPOSITION
| Burlel 2 | Cremetion 3 | Removal from State
4 | Donetion 5 | Other Specify)
21. SIGNATURE OF SAME SERVICE CHARGE 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION — City or Town, State PALVERTON NATIONAL CEMETERY CALVERTON, NY 22. NAME AND ADDRESS OF FACILITY
RENDON—HALE FUNERAL HOME 9013 ANNAPOLIS ROAD, LANHAM, MD 20706 23. PART I Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Final melastatic disease or condition montes resulting in deeth) months Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSUDUENCE OF): CAUSE (Disease or Injury thet initiated eventa resulting in deeth) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 24a. WAS AN AUTOPSY 1 YES 2 NO 1 🗌 YES 2 🗌 NO MA 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF OEATH (Check only one) HOSPITAL:
1 inpatient 2 - ER/Outpatient 3 - DOA OTHER: 1 TES 2 NO 4 - Nursing Home 5 - Residence 8 - Other (Specify) 28s. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCUREO 1 Natural 5 Pending 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be determined 4 Homicide 29e. CERTIFIER

(Chack and)

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) end manner es stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, data end place, and due to the cause(s) end manner as stated.

29c. LICENSE NUMBER

D28998

CHERRY 9101 3. REGISTBAR'S SIGNATURE Juna Davidson-Randoll APR 04 90

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Sami

29b. SIGNATURE AND TITLE OF CERTIFIER

Pritam

29d. DATE SIGNED (Month, Day, Year)

3. TIME OF DEATH

3:30P 8. BIRTHPLACE (State or Foreign Georgia

> 10d. INSIDE CITY LIMITS? 1X YES 2 NO

14. RACE — American Indian, Black, White, atc.

20011

**Approximate** interval Between Onset and Death

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE

OF DEATH? 1 TES 2 NO

Prince Georges

10g. CITIZEN OF WHAT COUNTRY? USA

26f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

1 - FOR STATE REGISTRAR

page		4
director,		day of the
funeral		San Taran
in by the	r removal.	- leading
filled	00°	100
s certificate has been signed by the attending physician and completely liked in by the funeral director, page	al, cremati	A ser farm Of the service and follows as taken being made and the madelood and the form
and	o buri	an adda
sician	prior t	-
ing ph	giene	
attend	ntal H)	
the	1 Mei	
ed by	h and	-
Sign	Heal	
peen	it. of	-
has	Dep	-
ficate	State	2A.
certi	of the	-
100	T	п

	1. DECEDENT'S NAME (First		MS							2. DATE OF MONTH	F DEATH D	AY 5 C	YEAR	3. TIME
	4. SOCIAL SECURITY NUMI 579-62-0652		5. SEX 1 M 2 X F	6. AGE (III	yrs, last birthday YRS.	IF UNDE	R 1 YEAR	HOURS	24 HRS. MIN.		BIRTH Day, Year) 17/45		B. BIRTI Count	IPLACE (
n O B	90. FACILITY NAME (# not in Doctors H						y, town	OR LOCATIO	N OF DE	ATH		9c. COUNT		
DIRECTOR	nesidence of dec 10a. STATE Maryland		Υ			TY, TOWN	OR LOCA	TION				1		10d, INS
			· · · · · · · · · · · · · · · · · · ·		I II.	LLCHE								1X Y
FUNERAL	100. STREET AND NUMBER 10112 Ballh						10	2072				10g, CITIZ	USA	
BY FUN	11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Drive		12. WAS DECEDE FORCES? IF YES, GIVE	1 -YES	2 NO	13.	If yes, s			IIC ORIGIN? n, Puerto Ric		s or No—		E — Ame k, White, lly: ack
COMPLETED	15. DEC (Specify on Elementary/Secondary (G 12th Grade	CEDENT'S EDU ly highest grade 0-12)	CATION o completed) College (1-4 or 5	+)	16e. DECEDENT (Give kind o life. Do NOT Manage	f work done use retired.)	during m	osl of working	g			Gover		nt
Ö	17. FATHER'S NAME (First, M							16. MOTH	ER'S NA	ME (First, Mic	ddle, Maiden	Surname)		
BE	Willie Jon							_		e11 M				
6	Alonzo MiMs	Type/Print)			100							vn, State, Zip		0101
		ION		20h	PLACE OF DISP					tchel		Le. Md	_	
	20g, METHOD OF DISPOSIT  1 X Burlal 2 Crematic  4 Donation 5 Other		novel from State		other place) Lince	111111			atory or			entwoo		
	21. SIGNATURE OF FUNERA		CENSEE		- Dille	22	. NAME A	ND ADDRES					ш,	110.
-1	1	75/	4				-			neral		vice Wash.		
ERTIFICATION	iMMEDIATE CAUSE (Fit disease or condition resulting in death)  Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inject that initisted events resulting in death) LAS	tione, dilete ing	c. Adu	OMO O (OR AS A O (OR AS A	CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE	Car	10				ent	.aQ		ir o
MEDICAL C	PART II. Other aignifica	ant condition	ne contributing to	o deeth bu	not reaulting	in the u	Inderiyir	ng cause g	lven in		PERFO	RMED?	241	OF DEA
SICIAN:	25. WAS CASE REFERRED TEXAMINER?	TO MEDICAL	NOSPITAL:	☐ ER/Outpi	ntient 3 🗆 DOA	OTHE 4 \( \text{No.} \)	R:			eck only one)			_	
ву РНУ	27. MANNER OF DEATH  1 Naturel 5  2 Accident	Pending Investigation	28a. DATE O (Month,	F INJURY Day, Year)		ME OF NJURY M	28c, IN	JURY AT ORK? YES 2				INJURY OCC	URED	
ETED E	2 Dévialda	Could not be determined		OF INJURY B, etc. (Speci	— At home, farm	, street, fa	ctory, offi	Ce		26f. LOCAT City or	TION (Street Town, State	and Number	or Rural	Floute Nui
OMPL	onel		ER: On the basis of											s) and m
O BE C	29b. SIGNATURE AND TITLE	EOK CERTIFIE	ER	ny	0		П	29c. LICE	S 3			29d. DATE	SIGNE	Month,

29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

3 26 QU 033271 PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 3231 Superior Lane Ste. A-Z Bowie, MD 20715 Slavin Carl J. M.D 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE Davidson-Randell

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

29 '00

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		產	e e	he
13146,	executed within	and completely	o burial, cremat	natic event, 1
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	certificate be	ding physician	Hygiene prior to	r other traun
RDS, P.	that the death	ed by the atten	h and Mental I	any injury, o
L RECO	law requires	has been signe	Dept. of Healt	23 shows a
F VITA	YSICIAN: The	s certificate t	ith the State	ed, or item
ISION C	ATTENDING PH	CTOR: After thi	s after death w	28 is mark
\la	TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely fill	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation,	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the
	TO TH	E C	be file	IMPO

(	-	a de la constante de la consta	)
BALTIMORE, MARYLAND 21203-3146	res that the death certificate be executed with	igned by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, account and Mental Hygiene prior to bunial, cremation, or removal.	any injury, or other traumatic event, the medical examiner must be notified at once.
BAL	ours after dea	d in by the fur or removal.	medical exa
		y fille	the
ORDS, P.O. BOX 13146,	xecuted with	igned by the attending physician and completely filled in by the seath and Mental Hygiene prior to burial, cremation, or removal.	latic event,
BOX	ficate be ex	physician a	her traum
0	h certi	Hygie	or oth
, D	eath	Mental	UN.
ORDS	res that the	igned by the	rs any in

STATE OF MARYLAND	DEPARTMENT	OF HEALTH	AND MENTAL	HYGIENE
C	ERTIFICATE	OF DEAT	H	REG. NO.

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM			MENTAL HYGIEN			
1	DECEDENT'S NAME (First, Middle, Lest)     Alice Cooper	Miller				2. DATE OF DEATH MONTH D		year 990	3. TIME OF DEATH
	-		In yrs. last birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	1		6:40 A M
		1 🗌 M 2 🔀 F	62 YRS. MC	ONTHS DAYS	HOURS MIN.	(Month, Day, Year) 12 30 1	927	Counti	yland
TOR	Laurelwood Nursing			Elkto		- Sain	1015	cil	EAIR
EC	10a. STATE 10b. COUNTY		10c. CITY, 1	TOWN OR LOCAT	ION				10d. INSIDE CITY
FUNERAL DIRECTOR	Maryland Ceci	.1	Ch	arlesto	OWN		100, CITI	ZEN OF V	LIMITS?  1 X YES 2 NO WHAT COUNTRY?
RA	493 Cecil Street				21914		U.S		
BY FUNI		12. WAS DECEDENT EVER I FORCES? 1 TYPES IF YES, GIVE WAR OR D	2 NO	If yes, sp		IIC ORIGIN? (Specify Yen, Puarto Rican, atc.)		14. RACI	E — American Indian, k, White, atc.
	15. DECEDENT'S EDUCA (Specify only highest grade co	TION ompleted)	16a. DECEDENT'S US	k done during mo	DN st of working	16b. KIND OF BU	ISINESS/IND	DUSTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5 +) N/A	Savings &		ranch Mg	r. Bankir	ng		
BE COM	17. FATHER'S NAME (First, Middle, Lest) Cooper		2			ME (First, Middle, Maider ret Murphy		3	
TO B	Pamela M. Johnso	n				Poute Number, City or Tov			21901
	20a. METHOD OF DISPOSITION 1   ↑ Burial 2 □ Cremation 3 □ Remov 4 □ Donation 6 □ Other (Specify)	ral from State	other place)  Charles		netery, cremetory or emetery		cation -	. 11	
	21. SIGNATURE OF PUMERAL BERYDOE LICE	Nisez /		22. NAME AT	on Funer	CILITY			
	23. PART i. Enter the diseens, or co	mplications that causa	d the death. Do not					_	Approximate
CERTIFICATION	ahock, or hasrt failure. Li  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS A	A CONSEQUENCE OF):	87-C	Tis Po	rain &	Lu	5	interval Batween Onset and Death
CERTIF	thet initiated events resulting in death) LAST	DUE TO (OR AS /	A CONSEQUENCE OF):			-			
PHYSICIAN: MEDICAL	PART II. Other significant conditions	contributing to death i	out not resulting in	tha undariyin	g cause given in		RMED?	248	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
IAI	25. WAS CASE REFERRED TO MEDICAL			26. PI	ACE OF DEATH (Ch	eck only one)			
Sic		HOSPITAL: 1 - Inpetient 2 - ER/Out		THER:  Nursing Hon	e 5 🗆 Realdanca	6 Other (Specify)			
	27. MANNER OF DEATH  1 Natural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME (	WC WC	URY AT PRK? YES 2 NO	28d, DESCRIBE HOW	INJURY OC	CURED	
TED BY	2 Accident investigation 3 Suicide 6 Could not be 4 Homicide detarmined	28a. PLACE OF INJUR' building, atc. (Spe	/ — At homa, farm, atre	et, factory, offic	0	281. LOCATION (Street City or Town, State	and Number	r or Rural	Route Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICION 2 MEDICAL EXAMINER	IAN: To the best of my know: On the best of examination							a) and manner as stated.
TO BE (	29b. SIGNATURE AND TITLE OF CERTIFIER  J.K. Patel  30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DI	Lef- K Rey	er MI)	290 LICENSE NUI	- 307			5, 1990
	123 Singerly Ave.	Elkton, MI							
	APR 5 90	12. REGISTRAR'S SIGN	Mandales						

6246

	3 sh	, i	
	1, 2,		
TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFI	CATE OF	DEATH	REG. N	0.			
	1. DECEOENT'S NAME (First, Middle, Last)	ONALD	4			2. DATE OF DEATH APRIL 9,	<b>Å</b> 990	YEAR	3. TIME OF DEATH 6:45 A	
	4. SOCIAL SECURITY NUMBER MCI	ONALD 5. SEX 6. AG 1 [X] M 2 □ F	E (In yrs. lest birthday) _	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 4/12/190	3	8. BIRTH Country	IPLACE (State or Foreign y)	
5	9a. FACILITY NAME (If not institution, give so SACRED HEART HOS	•		96. CITY, TOWN Cumber	or Location of DE		LEGA			
5	RESIDENCE OF DECEDENT  10a, STATE  10b, COUNTY	,	Inc CITY	TOWN OR LOC	ATION				10d. INSIDE CITY	
. DINECTOR	WV Hamq	oshire		10c. CITY, TOWN OR LOCATION  ROMNEY				10d		
שנים	100. STREET AND NUMBER 438 E. Main St.			1	26757		10g. CITI		VHAT COUNTRY? JS	
2	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 NO	If yes, s		IIC ORIGIN? (Specify n, Puerto Rican, atc.)	Yea or No—	14. RACE Black Speci	E — American Indian, K, White, atc. My: White	
3	15. DECEDENT'S EDU- (Specify only highest grade	CATION completed)	16a. DECEDENT'S U	JSUAL OCCUPAT ork done during in retired.)	ION lost of working	16b. KIND OF	BUSINESS/IND	USTRY		
OMPLE	Elementary/Secondary (0-12) NA	College (1-4 or 5+)	Line Fo		•	Telep	hone			
ξ	17. FATHER'S NAME (First, Middle, Last)				THE PARTY OF THE P	ME (First, Middle, Maid				
	Clifford Erne	est McDonal				Cordelia				
5	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or		Code)		
	Virginia M. Kesne				Ave., Rom		26757			
	20a, METHOO OF DISPOSITION 1	oval from State	other place) EDE	nezer (	Cemetery	F	location —			
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE		22. NAME	ANO AOORESS OF FA	CILITY Shaffe	r Fune	eral	Home, Inc.	
	Jack Sm	ngut				ST., Ron			26757	
	23. PART I. Enter the diseases, proshock, proheart failure.  IMMEDIATE CAUSE (Final								Approximate Interval Between Onset and Death	
	disease or condition resulting in death)  a. Cardiai Sarling and Ahm  DUE TO (OR AS A CONSEQUENCE OF):								2 ms	
2	a arteuseliga 10 year.									
=	bue to (or as a consequence of): if any, leading to immediate cause. Enter UNDERLYING									
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST									
- 1	DARKE II. Oak I MI		h. 4 4 141 1	- 45		Beat les une		Lan		
DICAL T	PART II. Other significant condition	sculpture	but not resulting ii	n the underly	ng cause given in	PER	AN AUTOPSY FORMEO?	246	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
N N	- O'neurone	< ·							1 TYES 2 NO	
ź	25. WAS CASE REFERRED TO MEDICAL			26	PLACE OF DEATH (C)	neck only one)				
2	EXAMINER? 1 ☐ YES 2 ☑ NO	HOSPITAL:	utnetlant 3   DOA	OTHER:						
PH TSICIAN:	27. MANNER OF DEATH	26a, DATE OF INJUS	Y 28b. TIME	E OF 28c. I	NJURY AT	28d. DESCRIBE HO	W INJURY OC	CURED		
7	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Yea	r) INJI	URY	VORK?					
	3 Suicide a Could not be 4 Homicide determined	28e. PLACE OF INJU building, etc. (5	IRY — Al home, farm, s (pec/fy)	treet, factory, of	lice	281. LOCATION (Str. City or Town, St		r or Rural	Route Number,	
COMPLEIED	CONSCR DINY	ICIAN: To the best of my kr							a) and manner as stated.	
									O (Month, Day, Year)	
0 00	Lean B	mo mo	<u> </u>		DIZS	32	•	4-	9-90	
1	30. NAME AND ADDRESS OF PERSON WAS GEORGE BREZA,	M.D. 912 SE	TON DRIVE		LAND, MD	21502				
31. DATE FILED (Month, Day, Year)  A2. REGISTRAR'S SIGNARIAN										

nation his

Fig. Comp.

_	REGISTRAR		CE	RTIF	ICATI	E OF	DEAT	Ή	MENTA	REG. NO.			
1. DE	CEDENT'S NAME (First, Middle, Last)  Mabel A.								2. DATE	ate of Death 10 1990 8:05 P			
4. 90	OCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	t birthday)	IF UNDER		IF UNDER		7. DATE	OF BIRTH 6.		6. BIRTHPL	ACE (State or Foreign
21	2-76-1524	1 M 2 XF	. 69	YRS.	MONTHS	DAYS	HOURS	MIN.	079-	-89-19	920	MD Country)	
	ACILITY NAME (If not institution, give	street and number)					R LOCATIO		EATH			TY OF DEAT	
	107 E. Offut	t		C	umbe	erla	nd			All	egany	7	
10a.	nesidence of decedent 10a. STATE 10b. COUNTY Allegany			10c. CIT	Y, TOWN	or Locat	erla	nd					d. INSIDE CITY LIMITS?  YES 2 NO
10e. 1	STREET AND NUMBER 107 E. Offut	t Stree	t			10f	215	02			10g. CITI		AT COUNTRY?
1 100	ARITAL STATUS Never Merried 2 Merried Widowed 4 Divorced	MED 10	- 13	If yes, spe			n, Puerto	Y? (Specify Yes Rican, etc.)	or No-	14. RACE	American Indien, Thite, etc.		
	15. DECEDENT'S ED	UCATION fe completed)	16a. DE	CEDENT'S	USUAL O	CCUPATIO	ON at of workin	a	168	. KIND OF BUS	SINESS/IND	USTRY	
E	Elementary/Secondary (0-12) College (1-4 or 5 +)					akeı	st of workin						
17, F/	12			,						own ho			
1 "."	Charles Metz	,					- 1			Spike			
190.1	INFORMANT'S NAME (Type/Print)	•	191	b. MAILING	ADDRES	S (Street a	_					Code)	
Mr	190. INFORMANT'S NAME (Type/Print)  Mrs. Della Zulauf  Phillipsburg, NJ  Phillipsburg, NJ												
20a,	METHOD OF DISPOSITION Burlel 2 Cremetion 3 Reported to the Control of the Control		20b. PLACE other pla	OF DISPO	SITION (N	ame of cen	netery, crem	atory or	ens			City or Town	, State
_	21. SIGNATURE OF FUNERAL SERVICE LICENSEE / 22. SAME AND PORTS OF FAMILIAN CERTAIN AND PROPERTY OF FAMILIAN CERTAIN CONTRACTOR OF THE PROPERTY												
	► (cones) & coupelli Cumberland, MD 21502												
iMM	immediate cause (Final disease or condition resulting in death)  ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE										Approximate Interval Between Onset and Deati		
Seq If si CSU CAL that	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  OUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):												
1 U YES 2 NO COMPLETION OF CO.									MAILABLE PRIOR TO OMPLETION OF CAUSE				
_	TO CLOSE DESERBOSE TO MENON!												
25. V	WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	☐ ER/Outpatient 3	[] nc+	OTHE	R:	ACE OF D			ne) er (Specify)			
100	IANNER OF OEATH Netural 5 Pending	28a. DATE O (Month,		28b. Til		28c. INJ	URY AT			er (Specify) SCRIBE HOW I	INJURY OC	CURED	
2	Accident Investigation Suicide 6 Could not b determined	28e. PLACE	OF INJURY — At he i, etc. (Specify)	ome, farm,	streel, fed	tory, offic	•			CATION (Street or Town, State)		or Rural Rou	rte Number,
4 Gould not be determined building, etc. (Specify)  29e. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.													
290.	2001				ion, in my	opinion, c	feath occu	red at the	lime, dat	e end place, er	nd dus lo th	ne cause(s) s	nd manner as stated.

900 Seton Dr. Cumberland, Maryland 21502.

E ANO AGORESS OF PERSO WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Francisco Reyes
31. DAYE FILEO (Morith, Day, Vear)
APR 1 2 1990

DHMH-18 Rev 1/89

BALTIMORE, MARKER TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within as after death. Page 6 may be retain TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 ships filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notifi-

FOR STATE REGISTRAR 1

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

_	nedioThAn			-11111	IOAII				n	EG. NO.				
,	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF E	DAY		YEAR	3. TIME OF DEATN	
	Joseph Phillip	McName	æ						April	13,	1990		11:30 AM M	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. le	est birthday)	IF UNDER	DAYS	IF UNDER	24 HRS.	7. DATE OF B (Month, Day			8. BIRT	HPLACE (State or Foreign	
	167-10-0229	1 🔀 M 2 🗌 F	85	YRS.	MONTHS	DATS	HOURS	Milet,	Dec. 4	Dec. 4,1904 1			Pennsylvania	
	9e. FACILITY NAME (If not institution, give st	reet end number)			96. CITY, TOWN OR LOCATION OF DEATN								DEATN	
8	911 St. Andrews W	Jav			Be	el A	ir				Harford			
5	RESIDENCE OF DECEDENT				Del All									
DIRECTOR	10e. STATE 10b. COUNTY	,		10c. CIT	Y, TOWN	OR LOCA	TION						10d. INSIDE CITY LIMITS?	
	Maryland Harf	ord		Be	el Ai	ir							1 - YES 2 NO	
A	10e. STREET AND NUMBER		•			10	of. ZIP COD	E			10g. CIT	IZEN OF	WHAT COUNTRY?	
E	911 St. Andrews W				210	14			t	JSA				
FUNERAL	11. MARITAL STATUS	RMED	13.	WAS DE	CENDENT C	OF NISPAI	NIC ORIGIN? (S	pecify Yea	or No-	14. RAC	E American Indian,			
	1 Never Merried 2 Merried	₹ио			pecify Cube S 2 📉 NO		in, Puerto Rican	, etc.)		Spec	ck, White, etc.			
B	3 🔀 Widowed 4 🗌 Divorced	1 38 111 37 21					-						White	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade			ECEDENT'S				na	16b. KIN	D OF BUS	INESS/INI	DUSTRY		
<u> </u>	Elementery/Secondary (0-12)	College (1-4 or 5		to. Do NOT u	ise retired.)	dung m	lost of works	19						
립	12		l N	leten	nan				E	lectr	ic			
0	17. FATNER'S NAME (First, Middle, Last)						16. MOT	NER'S NA	ME (First, Middle	s, Meiden S	Surname)			
	James - McNamee						Mau	cv -	- MacDo	nalo	l			
BE	19e. INFORMANT'S NAME (Type/Print)		1	19b. MAILING	ADDRES	S (Street	and Numbe	r or Rumi	Route Number, C	ity or Town	, State, Zi	p Code)		
2	Robert Fritschi			11 5	- Δ <sub>1</sub>	dre	ra Was	7. P	el Air	Md.	210	114		
0.01	20a METHOD OF DISPOSITION		T	E OF DISPO					CI 1111				own, State	
	1 Buriel 2 Cremation 3- Rem	oval from State	other	place)			4.1	netory or					nship, Pa.	
	4 Donation 6 Other (Specify)  21, SIGNATURE OF FUNERAL SERVICE LIC	ENCEE	- IME. C	Olive			LY ADDRE	66 UE E	ACII ITV	SCOL	LS	TOW	isiщр, Pa.	
	A J	1000	2							T B	mars	1 H	ome, P.A.	
	HOUSENS K	Mest	omo	2011	7 12	317	Cokes	shur	v Road	Abi	nage	ווו בג	Md. 21009	
	23. PART I. Enter the diseases, or o	omplications the	et caused the	desth. Do									Approximate	
	shock, or heart feliure.	List only one ca	use on each li	ne.				Λ					interval Between Onset and Death	
	iMMEDIATE CAUSE (Fine)		NOOL	PUL	MAN	IDA	11	Ho	1501				MINITE	
	reaulting in death)	n. Due	TICUIT	PUL	1114	OLAO	7		-10-91				77101001	
		7	00 0	MIN	m): (	AD.	DIZO	0.10	MATH	1	-		morte	
8	Sequentielly list conditions,  DUE TO-FOR AS A CONSEQUENCE OF:									TOTAL				
CERTIFICATION	If any, issding to immediate	100	M	7/1	it	PHENE	11	150	ON	VERI				
5	CAUSE (Disease or injury C. DIET (OR AS A CONSEQUENCE OF):									-101				
Ē	that initiated events  DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST													
與	d.													
	PART II. Other significent condition	s contributing to	deeth but not	resuiting	in the u	nderlyir	ng csuse	given in	Part i. 24	. WAS AN		24	b. WERE AUTOPSY FINDINGS	
EDICAL										PERFOR	- 1		AVAILABLE PRIOR TO COMPLETION OF CAUSE	
									1	YES 2	NO		OF DEATH?	
Σ									- 1				1 TYES 2 NO	
PHYSICIAN:														
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		PLACE OF I	DEATN (C	heck only one)					
YSI	1 TYES 2 NO	1 - Inpatient 2	☐ ER/Outpatient	3 🗆 DOA		rsing Ho	rme 5 R	lesidence	6 Other (Sp	necify)				
H	27. MANNER OF SEATH	28e. DATE O (Month)	F INJURY Day, Year)	26b. TH	ME OF		JURY AT		28d. DESCRI	BE NOW II	VJURY O	CCURED		
ВУ	1 Natural 5 Pending 2 Accident Investigation				М		YES 2 [	_ NO						
	3 Suicide 6 Could not be	home, ferm,	street, fac	ctory, offi	ice			N (Street e	nd Numbe	er or Rura	Route Number,			
旦	4 Nomicide determined		, etc. (Specify)						Only or A	Arri, Giete)				
4	29e. CERTIFIER	ICIAN: To the heat o	d my knowledge	death occur	rad at the	time de	to and place	e and du	e to the cause/e	) and man	mer ee et	stad		
COMPLETED	(Ornoun Orn)												(e) end menner ee stated.	
8	()	1			my	Spanori,	_			, prace, ell				
BE	296. BIQUATURE AND TITLE OF CERTIFIE	1	11 11		*		29c. LIC	ENSE NU	IMBER		29d, DA	TE SIGNE	D (Month, Day, Year)	
10	M		W.	200			TU	220	19+			4-	13-70	
F	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CA	JSE OF DEATH (IT	TEM 27) (Typ	e, Print)	2	100	_	01	6		. /		
	BHKIN A. W)	OHY_ 1	M.D.	200	3 6	OCK	JYR	WL	. KC	TOR	(6)	TH	ILL, MY ZIOST	
	31. DATE FILED (Month, Day, Year)		AR'S SIGNATURE								-			
	ΔPR 16'90	Luli	Marida	Band.	00									

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	HE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	HE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fu	ed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
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Robert
31. DATE FILED (Month, Day, Year)

MAR 30 '90

Brull, MD 14

32. REGISTRAR'S SIGNATURE

Sulva Davidson-Randale

	1. DECEDENT'S NAME (First, Middle, La	Wilbur H.	Marti	n		2. OATE OF DEATH DO NOT BE SEED TO SEED THE SEED	3 9	3. TIME OF DEATH 5:49 PM		
	4. SOCIAL SECURITY NUMBER 217-12-2551	5. SEX 6. AGE	(In yrs. last birthday,	#F UNDER 1 YEAR MONTHS DAYS		7. DATE OF BIRTH (Month, Day, Year) 6 6 19		8. BIRTINPLACE (State or Foreign Country) Maryland		
	9a. FACILITY NAME (If not institution, gir	ve street and number)		9b. CITY, TOWN	OR LOCATION OF DE	EATH	9c. COUNTY			
OR	Washington Co	. Hospital		Hager	stown		Washi	ington		
DIRECTOR	RESIDENCE OF DECEDENT		100.00	TY, TOWN OR LOC				10d, INSIDE CITY		
ž Š		ashington	100.00	Hagerst				LIMITS?		
FUNERAL	10s. STREET AND NUMBER			1	Of. ZIP COOE		10g. CITIZEN	OF WHAT COUNTRY?		
T T	Rt. # 6 Bo	Rt. # 6 Box 119 A					U.S	S.A.		
2	11. MARITAL STATUS 1 Never Married 2 X Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 _ YES IF YES, GIVE WAR OR D	2 X NO	If yes,	ECENDENT OF NISPAR specify Cuban, Maxica ES 2 NO Specif		r or No 14.	RACE — American Indian, Black, Whita, etc. Specify: White		
3	15. DECEDENT'S E (Specify only highest gr		16a. DECEDENT	S USUAL OCCUPAT	TION	18b. KIND OF BU	SINESS/INDUST	TRY		
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)		work done during ruse retired.) -Employe		Conver	ience	Store		
5	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Malden				
U		acob H. Martin				l. Eshlemar				
2	Floe K. Martin  196. MALLING ADDRESS (Street and Number or Rural Route Number, City or Yown, State, Zip Code)  Rt. # 6 Box 119 A Hagerstown Md. 21740									
	20e, METHOD OF DISPOSITION 1 (X Burlal 2 Gremation 3 Removal from State 4 Donation 5 Other (Specify)  20b. PLACE OF DISPOSITION (Name of cometory, cremetory or Green lawn Memorial Park  20c. Location — City or Town, State Williamsport Md.									
	21. SIGNATURE OF FUNERAL SERVICE	<b>.</b>			AND ADDRESS OF FA	d Son Fune	mal La	mo		
	H. Martin	Zimneira	~ J~.	2	Greencast	le, Pa. 17	225	mic		
	23. PART I. Enter the diseases, ahock, or heert failu immediate Cause (Final disease or condition resulting in death)	a. My V/	ach line.	domin	1 0	the cordination or respond		Interval Between		
		W. Control of the Con		OF):			/	J 7400 F.		
CHILICALION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	C	A CONSEQUENCE	OF):			-	7 7 100 [		
MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	cDUE TO (OR AS	A CONSEQUENCE	OF):			I AUTOPSY RMED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO		
SICIAN: MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	d	but not resulting	OF):  OF):  OF):  In the underly  August  28.  OTHER:	ing ceuse given in	Part i. 24a. WAS AN PERFO!  1 1 Y YES :	I AUTOPSY RMED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
PHYSICIAN: MEDICAL	Fany, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART H. Other aignificant conditions to the conditions of the conditions of the conditions of the conditions of the cause of the	d	Dut not resulting	OF):  OF):  In the underly  28.  OTHER: 4   Nursing N.  IME OF   28c. I.  NJURY   28c. I.	Ing ceuse given in  PLACE OF DEATN (C/  pme 5 □ Residence  NJURY AT  NORK?	Part i. 24a. WAS AN PERFO!  1 1 Y YES :	I AUTOPSY RMED? 2 \( \text{NO} \)	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO		
TED BY PHYSICIAN: MEDICAL CERTIFICATION	Fany, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART H. Other algnificant conditions of the condition of the condition of the condition of the condition of the condition of the condition of the cause of	be DUE TO (OR AS.  DUE TO (OR	patient 3 DOA	OF):  OF):  28.  OTHER: 4   Nursing N	Ing ceuse given in  PLACE OF DEATN (C/  DOME 5 GREATHORA  NJURY AT  WORK?  YES 2 NO	Part i. 24a, WAS AN PERFO!  1 1 Y YES :  peck only one)  8 □ Other (Specify)	I AUTOPSY RMED?  2 NO  INJURY OCCUR  and Number or	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO		
ED BY PHYSICIAN: MEDICAL	## Any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART H. Other algnificant conditions and the condition of the condition of the condition of the cause of the caus	be DUE TO (OR AS.  DUE TO (OR	patient 3 DOA  28b. T  Y — At home, farm	OF):  OF):  28.  OTHER: 4   Nursing N.  IME OF NJURY M   1    1, street, factory, of	PLACE OF DEATN (C/ pme 5  Residence NJURY AT NORK? YES 2 NO fice	Part i. 24a. WAS AN PERFO  1 (M YES :  Deck only one)  8  Other (Specify)  28d. OESCRIBE NOW  28f. LOCATION (Street City or Town, State	I AUTOPSY RMED? 2  NO NO NO NO NO NO NO NO NO NO NO NO NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO  Rural Route Number,		
D BY PHYSICIAN: MEDICAL	## Any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART H. Other algnificant conditions and the condition of the condition of the condition of the cause of the caus	DUE TO (OR AS  d.  tiona contributing to death  DUE TO (OR AS  d.  HOSPITAL:  1   Inputlent 2   REVOut  (Month, Day, Year)  28e. PLACE OF INJURY (Month, Day, Year)  28e. PLACE OF INJURY  building, etc. (Spi	patient 3 DOA  28b. T  Y — At home, farm	OF):  OF):  28.  OTHER: 4   Nursing N.  IME OF NJURY M   1    1, street, factory, of	PLACE OF DEATN (C/ pme 5  Residence NJURY AT NORK? YES 2 NO fice	Part I. 24a. WAS AN PERFO 1 (YES : 200 Order (Specify) 28d. OESCRIBE NOW 28f. LOCATION (Street City or Town, State to the cause(a) and main time, date and place, as	I AUTOPSY RMED? 2 NO INJURY OCCUR and Number or )	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO  Rural Route Number,		

3. TIME OF CEATH
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BALTIMORE,

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last),

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DIVISION OF VITAL RECORDS, P.O. BOA 13149,	PHYSICIAN:	
NOIS	TTENDING	
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2	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	
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See, COUNTY OF PEATH MATURAL STATE MATURAL STATE MATURAL STATE SOLUTION TO SEATH MATURAL STATE SOLUTION SOLUTION SOLUTI		28-0801	5. SEX 1 🔀 M 2 🗌 F	6. AGE (In yrs. 58		IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 1-19-193		BIRTHPLACE (State or Foreign Country) WYLAND
WALTER AND INMERT WILLIAM TO STATUS  IN. MADITAL STATUS  IN. MADI	11.	land Route	64					EATH	9c. COUNTY	OF DEATH
Waltz Road Rt. #2 50x 285  **IL MANTER STATUS**  **IL MOVE MENTED 2 (3) Married**  **IL Move Mented**  **I	10a. STAT	E 10b. C	COUNTY			10d. INSIDE CITY LIMITS? 1 YES 2 NO				
Types Merrical   Difference   Processor   Types   Ty			. #2 Box 28	5		1	01. ZIP CODE 21783		-	
College (no. of series of more of several more dependenced on several more of working literates processory (%1)   College (no. of s.)	1 New	or Married 2 🖄 Married	FORCES? 1	YES 25	YES 2 X NO If yes, specify Cuban, Mexican, Puerto Rican, etc.)					Black, White, etc.
TE. RETER'S MAME (First, Missing, Large) Charles William Metzer, Sr.  IN. MOTHER'S MAME (First, Missing, Large) Charles William Metzer, Sr.  IN. MOTHER'S MAME (First, Missing, Large) ELSLE Metzer  IN. MOTHER'S MAME (First, Missing, Large) FELSLE METZER  IN. MOTHER'S MAME (First, Missing, Large) FELSLE METZER  IN. MOTHER'S MAME (First, Missing, Large) FELSLE METZER  IN. MOTHER'S MAME (First, Missing, Large) FELSLE METZER  IN. MOTHER'S MAME (First, Missing, Large) FELSLE METZER  IN. MOTHER'S MAME (First, Missing, Large) FELSLE METZER  IN. MOTHER'S MAME (First, Missing, Large) FELSLE METZER  IN. MOTHER'S MAME (First, Missing, Large) FELSLE METZER  IN. MOTHER'S MAME (First, Missing, Large) FELSLE METZER  IN. MOTHER'S MAME (First, Missing, Large) FELSLE METZER  IN. MOTHER'S MAME (First, Missing, Large) FELSLE METZER  IN. MOTHER'S MAME (First, Missing, Large) FELSLE METZER  IN. MOTHER'S MAME (First,	Eleme	(Specify only highes	t grade completed)	+)	(Give kind of wi	ork done during n retired.)				
THE INFORMANT'S NAME (ProPrint)  THE MAILING ADDRESS (Street and Mancher or Rural Pacies Number of Rural Rural Pacies Number of Rural Pacies Number of Rural Pacies Number of Rural Pacies Number of Rural Pacies Number of Rural Pacies Number of Rural Pacies Number of Rural Pacies Number of Rural Pac	17. FATHER'S NAME (First, Middle, Last)  18. MOTHER'S NAME (First, Middle, Maiden Surname)								,,,	
36. LICATION — CHIPOSITION   200   Personal from States   200   PLACE OF OBPOSITION (Name of carriedary, cormatory or St. Baulds 2   Committee   200   Commi	19a. INFO	RMANT'S NAME (Type/Print								
22. NAME AND ADDRESS OF PACILITY  23. PART I. Enter the glassese, or complications that caused the death. Do not enter the mode of dying, such se cardiac or respiratory street, shock, or hasn't aller. List only one cause on seeh line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  24. PART II. Other algnificant conditions.  25. Finel disease or condition  26. PART III. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I.  26. PART III. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I.  26. PART III. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I.  27. PART III. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I.  28. PARCE OF DEATH (Check cody one)  28. PARCE OF DEATH (Check cody one)  29. PARCE OF DEATH (Check cody one)  20. PARCE OF DEATH (Check cody one)  20. PARCE OF DEATH (Check cody one)  20. PARCE OF DEATH (Check cody one)  21. PARCE OF DEATH (Check cody one)  22. PARCE OF DEATH (Check cody one)  23. PARCE OF DEATH (Check cody one)  24. PARCE OF DEATH (Check cody one)  25. PARCE OF DEATH (Check cody one)  26. PLACE OF DEATH (Check cody one)  27. MANNER OF DEATH  28. PLACE OF DEATH (Check cody one)  28. PLACE OF DEATH (Check cody one)  29. PARCE OF DEATH (Check cody one)  20. NAME AND ADDRESS OF PERSON Web COMPLETED CAUSE OF DEATH (TEM 27 (Yor. Pyrin)  20. NAME AND ADDRESS OF PERSON Web COMPLETED CAUSE OF DEATH (TEM 27 (Yor. Pyrin)  20. NAME AND ADDRESS OF PERSON Web COMPLETED CAUSE OF DEATH (TEM 27 (Yor. Pyrin)  20. NAME AND ADDRESS OF PERSON Web COMPLETED CAUSE OF DEATH (TEM 27 (Yor. Pyrin)  21. DATE FILED DAVID, Day, West)  22. PARCED AND ADDRESS OF PERSON Web COMPLETED CAUSE OF DEATH (TEM 27 (Yor. Pyrin)  21. DATE FILED DAVID, Day, West)  22. PARCED AND ADDRESS OF PERSON Web COMPLETED CAUSE OF DEATH (TEM 27 (Yor. Pyrin)  24. DATE FILED DAVID, Day, We	20a. METI 1 X) Burk	HOD OF DISPOSITION		20b. PLA	CE OF OISPOS	TION (Name of c	emetery, cremetory or	20c. L	OCATION — City	or Town, State
23. PART I. Enter the glipases, or compititiotions that caused the death. Do not enter the mode of dyling, auch se cardiac or respiratory streat, shock, or heart fallure. List only one cause on sech line.  IMMEDIATE CAUSE (Finel diseases or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERIVING CAUSE (Disease or Injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  The subject of the	21. SIGNA	TURE OF FUNERAL SERV	ICE LICENSEE	, -	,			CILITY	504 Mai	n Street
25. WAS CASE REFERRED TO MEDICAL  EXAMPLER:  1 YES 2 NO  26. PLACE OF DEATH (Check only one)  27. MANNER OF DEATH  1   YES 2   NO  27. MANNER OF DEATH  1   Nefural 5   Pending Investigation   Death (Morth, Deg. Town, State)  28. PLACE OF DEATH (Check only one)  29. ACCIdent Investigation   Death (Check only one)  29. Accident Investigation   Death (Morth, Deg. Town, State)  20. CERTIFIER (Check only one)  21. CERTIFIER (Check only one)  22. CERTIFIER (Check only one)  23. CERTIFIER (Check only one)  24. CERTIFIER (Check only one)  25. C		esding to immediate Enter UNDERLYING (Disease or injury lated events g in death) LAST	c	OR AS A CON	SEQUENCE OF					
EXAMPLER?  1 YES 2 NO  27. MANNER OF DEATH  1 Inputer 5 Pending Investigation  28. DATE OF INJURY  3 Sulcide  4 Nomicide  29. CERTIFIER (Check only)  29. CERTIFIER (Check only)  29. MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.  29. SIGNATURE AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Ppini)  31. DATE FILED (Month, Day, Year)  32. REGISTRAR'S SIGNATURE  ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Ppini)  ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Ppini)  ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Ppini)  ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Ppini)  ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Ppini)  ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Ppini)  ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Ppini)  ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Ppini)  ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Ppini)  ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Ppini)  ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Ppini)  ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Ppini)  ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Ppini)  ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Ppini)  ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Ppini)  ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Ppini)  ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Ppini)  ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Ppini)  ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Ppini)	PART II.	Other significant con	nditions contributing to	daeth but no	ot resulting l	n the underlyl	ng cause given in	PERF	ORMEO?	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
1   Natural   S   Pending   Investigation   S   S   S   S   S   S   S   S   S	EXAM	WER?	HOSPITAL:	☐ ER/Outpatient	t 3 🗆 DOA	OTHER:		/	ma. Rt	-64-strac
29a. CERTIFIER (Check only one) 1 CESTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.  29b. SIGNATURE AND TIPE OF DEATH (TEM 27) (Type, Pgint)  30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Pgint)  31. DATE FILED (Month, Day, Year)  32. REGISTRAR'S SIGNATURE  APP (1) 'Y)  32. REGISTRAR'S SIGNATURE  33. TEGISTRAR'S SIGNATURE  34. CERTIFIER (Check only only local) and manner as stated.  35. DATE FILED (Month, Day, Year)  36. REGISTRAR'S SIGNATURE  37. DATE FILED (Month, Day, Year)  38. REGISTRAR'S SIGNATURE  39. SIGNATURE  31. DATE FILED (Month, Day, Year)  32. REGISTRAR'S SIGNATURE  44. CERTIFIER (Check only only only only only only only only	10		(Month, I	Day, Your)	28b. TIME INJU	JAY V	VORK?	28d. DESCRIBE HOW	NURY OCCUR	Poluse Va . L
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)  Alland Tham 1610 Cak (4:1) Are Hagestorn MD 2124  51. DATE FILED (Month, Day, Your)  32. REGISTRAR'S SIGNATURE  APR 10 'YU  Suma Davidson—Randelle	4 🗆 H	Accident Investig	pation 26s. PLACE (	OF INJURY - A	t home, farm, s	treet, fectory, off	Non /		t and Number or I	Rural Route Number,
Alland Di Ham 1610 Cak Hill Are Hagertoun MD 2174  31. DATE FILED (MORIT, Day, Your)  32. REGISTRAR'S SIGNATURE  JUNE DAVIDSON-Randelle  JUNE DAVIDSON-Randelle	29a. CERT	Accident Investiguation in Inv	not be ined  26e. PLACE (building)  PHYSICIAN: To the best of	OF INJURY — Ai, atc. (Specify)	Swee	treet, factory, off	its and place, and due	City or Town, Sta	+ 64	*
APR (U'YU Guha Davidson-Randelle	29a. CERT (Chec one)	succident succid	not be ined  26e. PLACE (building)  PHYSICIAN: To the best of	OF INJURY — Ai, atc. (Specify)	Swee	treet, factory, off	ite and place, and due, death occured at the	to the cause(a) and m	+ 64 anner as stated. and due to the co	succ(s) and manner as stated.
	30. NAME	AND ADDRESS OF PERS	antion not be ined 26e. PLACE of building a PHYSICIAN: To the best of AMINER: On the basis of the public on who completed call	OF INJURY — A., stc. (Specify)  If my knowledge examination and	o, death occurre  Vor investigation  (ITEM 27) (Type,	d at the time, de	ite and place, and due, death occured at the	to the cause(a) and m	+ 64 anner as stated. and due to the co	succ(s) and manner as stated.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

William

2. DATE OF OEATH MONTH DAY

TO THE HOSPITAL, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the hos TO THE FUNEFAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT, If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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	FOR 1 - STATE REGISTRAR	STATE OF N	IARYLAND /		TMENT				MENTAL	HYGIENI REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)			,					2. DATE C	F DEATH	Y	YEAR	3. TIME OF DEATH
- 1		erking							Apri	7 0	1990		5:30 A M
- 1		5. SEX	6. AGE (In yrs. last	birthday)	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS.	7. DATE O (Month,	F BIRTH Day, Year)		a. BIRTH Countr	IPLACE (State or Foreign y)
	219-03-3913	1   M 2   F	80	YRS.	MONTHS	UNIS	HOUNS	wire,		t. 3,	1909	Mar	yland
	9a. FACILITY NAME (If not institution, give street	et and number)			9b. CITY,	TOWN 0	R LOCATI	ON OF DE	ATH		9c. COUN	TY OF D	EATH
OR	18 Virginia Ave.	N.W.			Glen Burnie						Anne	e Ar	unde l
5	RESIDENCE OF DECEDENT  10a, STATE 10b, COUNTY			10c CIT	Y, TOWN O	RIOCAT	ON					T	10d. INSIDE CITY
DIRECTOR		Arundel			en Bi								LIMITS? 1 YES 2 X NO
	10e. STREET AND NUMBER	Al ullue I		ui	CII DI		ZIP COD	E			10a. CITIZ	EN OF V	WHAT COUNTRY?
FUNERAL	Different House of the Control	N L.I				1340							
<u> </u>	18 Virginia Ave.,		T EVER IN U.S. AR	MED	13. 1	_	2106		IIC ORIGIN?	(Specify Yes	U.S.		E — American Indian.
	1 Never Married 2 Married		YES 2 X N			yes, spe	city Cube		n, Puerto Ri				k, White, etc.
B	3 🔀 Widowed 4 🗌 Divorced	IF TES, GIVE V	AN ON DAILS		-   '	[] 153	2 <u>M</u>	эрвину	<i>.</i>			Speci	"White
	15. DECEDENT'S EDUCA (Specify only highest grade or		16a. DE	CEDENT'S	USUAL OC	CUPATIO	N of world		16b.	KIND OF BUS	INESS/INDU	USTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5	- Iffe	Do NOT us	e retired.)	wing mo	N OF WORK	w					7
릴	12		Hom	emak	er				Ov	n Hom	ie		fr
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOT	HER'S NA	ME (First, Mi	iddie, Maiden	Surname)		
BE	Martin Rauscher									unkno			
2	19a, INFORMANT'S NAME (Type/Print)		198							er, City or Town			
	Lois C. Ryno								G ]				21061
	20e, METHOD OF DISPOSITION  XX Burlet 2 Cremetion 3 - Remove	rel from State	St. P	OF DISPO	smon (Na S Cen	me of cen	netery, crer	natory or			CATION — C		
	4 Donation 5 Other (Specify)	MEE	31. P	dui				SS OF FA	CILITY	V10	retvi	ille	, Balto, MD
	21. SIGNATURE OF TOREING SERVICE CLC	) ,	: 1						al Ho	me			
	of the CX.	1	7-7		42	21 C	rain	Hwy	. S.E	., G1	en Bu	ırni	e, MD 21061
	23. PART I. Enter the diseases, or co shock, or heart fallure. Li				not enter	the mo	de of dy	ing, suc	h as cardi	ac or respi	ratory srre	est,	Approximate interval Between
	IMMEDIATE CAUSE (Final	1.	11-	1.1	T	1	٥		1	)			Onset and Death
	diseasa or condition resulting in death)	U	HY.	V	culticular				Louling				Mining
		DUE TO	(OR AS A CONSE	WENCE O	F):	Δ		(	DU				4.0.
Z	Sequentially list conditions, b.	(0	700	un	19	01		4	uch	<del></del>			jears
Ĕ	if any, leading to immediate cause. Enter UNDERLYING	BUE-10	TOR AS A CONSEC	MENCE O	F):	U							0
일	CAUSE (Disease or injury C.	DUE TO	(OR AS A CONSE	DUENCE O	P:								<u> </u>
CERTIFICATION	that initiated events resulting in death) LAST		100000000000000000000000000000000000000										
핑	d.												
정	PART ii. Other aignificent conditions	contributing to	death but not r	esulting	in the un	dertyln	cause	given in	Part I.	24s. WAS AN PERFOR		24t	AVAILABLE PRIOR TO
음ㅣ	·								— 1	1   YES 2	XX PA		DF OEATH?
ME									_		`		1 - YES 2 X NO
ä			<u>-</u>		·								
PHYSICIAN: MEDICA		HOSPITAL:			OTHE		ACE OF C	DEATH (Ch	eck only one	9)			
YS		-	ER/Outpatient 3					asidence	6 Other			W 100 F D	
H	27. MANNER OF DEATH  1 X Natural 5 Pending	28a. DATE Of (Month, I		28b. TIR IN	JURY M		PRIC?	7.00	28d. DES	CRIBE HOW I	NJURY OCC	JUHED	
BY	2 Accident Investigation	OR DI ACE	VE BUILDING As be		otenet teet		YES 2 [	_ NO	201 1 001	TION (Ct.)	and Mumbar	or Pumi	Route Number,
	3 Suicide a Could not be 4 Homicide determined	3 Suicide a Could not be 28e. PLACE OF INJURY At home, far building, etc. (Specify)					•		City o	or Town, State)	)	Or Horas	Noute Hainbei,
E	29a, CERTIFIER A M OFFICE BUILDING												
COMPLET	(Check only 1 12 CERTIFTING PHTSIC												(a) and manner or eleted
8	2 MEDICAL EXAMINER	On the peaks of a	mammatten and/or	stigati	un, in my o	piriion, c				erro piace, ar			
BE	29b. SIGNATURE AND TITLE OF CURTIFIER	16	1					ENSE NU	MBER				D (Month, Day, Year)
_		1 "	E (   ////	n C			וטען	828			AL	oril	9, 1990

Max C. Frank, M.D., 7575 Ritchie Hwy., Glen Burnie, Maryland 21061

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\* X = 1

5 Y ...

01/21/09

TO THE HOSPITAL DR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within

019194 1845 CAA14 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

to the me he was

	1 - STATE OF MARYLA	AND / DEPARTMENT OF I	EALTH AND M	ENTAL HYGIENE REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH MONTH DAY	3. TIME OF DEATH
	Anna C. Morman			4 //	90 1049 M
	218 0 19194 10 M2XF 8	n yrs. lest birthday) IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	6. BIRTHPLACE (State or Foreign Country) Maryland
DIRECTOR	BOY SECOURS 405	9b. CITY, TOWN	or location of Dea		Baltimore City
EC	RESIDENCE OF DECEDENT  10e. STATE  10b. COUNTY	10c, CITY, TOWN OR LOCA	TION		10d. INSIDE CITY
	Maryland Anne Arundel	Glen Burni	C. ZIP CODE	/ 10g.	LIMITS?  1  YES 2  NO  CITIZEN OF WHAT COUNTRY?
ER/	102 Crain High	vay N.W.	2100	5/	U.S.A.
BY FUNERAL	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	2 NO If yes, s	CENDENT OF HISPANIC ecity Cuben, Mexicen, 3 2 X NO Specify:	C ORIGIN? (Specify Yee or No Puerto Rican, etc.)	
	15. DECEDENT'S EDUCATION	18a. DECEDENT'S USUAL OCCUPATI (Give kind of work done during m		18b. KIND OF BUSINESS	
COMPLETED	(Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 8 +)	ost of working			
MPI	12	Homemaker		Own Home	
8	17. FATHER'S NAME (First, Middle, Lest)		E (First, Middle, Maiden Surnar	ne)	
BE	George Kelch		ernhardt		
2	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING ADDRESS (Street			
	George J. Morman				ryland 21061
	1X Buriel 2 Cremetion 3 Removal from State	ak Lawn Cemeter	,		k, Balto., MD
	21. SIGNATURE OF FUNERAL SERVICE LICENSES	22. NAME A	ND ADDRESS OF FACI	ILITY	
	· Ast Veni	Kirk	ley Funer	al Home	Burnie, MD 21061
CERTIFICATION	Sequentielly liet conditions, if any, leeding to immediate cause. Enter UNDERLYING	CONSEQUENCE OF:	n feet	alwo,	9Wd Permanagement
	PART II. Other algnificant conditions contributing to death be	art not travilling in the angle-ball	a seves alves la f	Part I. 24a, WAS AN AUTO	Total Marine Allerance Million
PHYSICIAN: MEDICAL	100 CPB	CLAND	100	PERFORMED?	AVAILABLE PRIOR TO
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OTHER:	LACE OF DEATH (Chec	ck only one)	
1YS	1 VES 2 NO 1 Inpetient 2 ER/Outp 27. MANNER OF DEATH 28e. DATE OF INJURY	etlent 3 DOA 4 Nursing Ho	ne 5 Residence 8		ACCURED
ВУ РН	1 Natural 5 Pending (Month, Day, Year) 2 Accident Investigation	INJURY W	YES 2 NO	28d. DEŞCRIBE HOW INJURY	
ETED	3 Suicide 6 Could not be determined 286. PLACE OF INJURY building, stc. (Spec	— At home, farm, street, fectory, offi ##y)		281. LOCATION (Street end Nu City or Town, State)	mber or Rural Route Number,
COMPLET	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge one) MEDICAL EXAMINER: On the best of examination				
BE	296. SIGNATURE AND TITLE OF CERTIFIER	m. D.	296-LICENSE NUM	BER 528 29d.	DATE SIGNED (Month, Day, 1947)
70	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Print)			1
	31. DATE FILERANDIN DON YEAR 1990 June Day door	ATTENDER .			
					DHMH-18 Bey 1/89

1.1.5/-7.2

1	**	STATE REGISTR	A
R	. D	ECEDENT'S	N

TO BE COMPLETED BY FUNERAL DIRECTOR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCIENE

1 - STATE REGISTRAR		JANE OF I	MILLENIA	CERTIF		OF DEA		INEIA INC	REG. NO	D.		
1. DECEDENT'S NAME (First,	Middle, Last)								OF DEATH			3. TIME OF DEATH
HARRELL B	URTON ME	CUM						APR		1990	YEAR	2 PM "
4. SOCIAL SECURITY NUME	BER 5.	SEX	5. AGE (In yr	s. lest birthday)	IF UNDER 1 YE	EAR IF UNDE	R 24 HMS.	7. DATE (	OF BIRTH	1770	8. BIRTI	IPLACE (State or Foreign
246-40-474	1 1	XM 2 □ F	57	YRS.	MONTHS DA	AYS HOURS	min.	(Month,	16,	1932	Count	"N.C.
9n. FACILITY NAME (If not in	stitution, give street	and number)			9b. CITY, TO	WN OR LOCAT	TION OF DI		10,		NTY OF D	
ARE LICAME 1	6 ALLENI	DD			MECL	HANICS	/TITE	7				y's co.
AT HOME I	6 ALLEN	DR.			I'IL'CI.	THIATCO	A T T T T T	<u>,                                      </u>		51.	1.15-77.	1 5 00.
10a. STATE	10b. COUNTY			10c. CIT	Y, TOWN OR L	OCATION						10d. INSIDE CITY LIMITS?
MD.	ST. MA	ARY'S C	0.	M	ECHAN]	ICSVILI	LE					1 TES 2 NO
10e. STREET AND NUMBER						101. ZIP COI				10g. CIT	ZEN OF	WHAT COUNTRY?
16 ALLEN DE	R.					20	659			Ţ	J.S.	A.
11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Divo	Married	. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2	ZNO	If yo	DECENDENT on, specify Cub	an, Mexica	n, Puarto R		ea or No-	Blac	E — American Indian, k, White, etc.
15. DEC	EDENT'S EDUCATION	ON unielnell	16	a. DECEDENT'S			dan	16b.	KIND OF BU	JSINESS/INI	DUSTRY	
Elementary/Secondary (0		ollege (1-4 or 5 d	+)	Me. Do NOT us	se retired.)	ng most of work	ung					
10TH. GRAI	Œ		M	ECHANIC					LUA	O.		
17. FATHER'S NAME (First, M	liddle, Last)					15. MO	THER'S NA	ME (First, N	Aiddle, Maide	n Surname)		
PAUL P. MEC	CUM., SR						NOLA	M. L	ACKEY	7		
19s. INFORMANT'S NAME (7	Type/Print)					treet and Numb						
DELORIS J.	MECUM			16 AI	LEN D	R. ME	CHAN	ICSVI	LLE,	MD. 2	20659	9
20a. METHOD OF DISPOSIT 1 ☐ Burlel 2 Crematic	ION on 3 - Removal	from State	20b. PL	ACE OF DISPO	SITION (Name	of cometery, cre	ematory or		20c. L	OCATION —	City or To	own, State
4 Donation 5 Other	(Specify)	1		LEE CI	REMATO	RY			CI	LINTO	1, M	ο.
21. SIGNATURE OF SCHERA	L SERVICE LIGENS	1/4			22. NAN	ME AND ADDR	ESS OF FA	RUTNE	गान व	JERAI.	HOM	E, P.A.
Klowy	V 4/1	fines	nons	)		. BOX						
23. PART I. Enter the d	Iseases, Dr com			a death. Do i								Approximate
immediate CAUSE (Firdisesse pr condition resulting in death)  Sequentielly list condit if eny, leading to immediates. Enter UNDERLY CAUSE (Disease or injuthet initiated events resulting in death) LAS	a lions, diate ING zry		(OR AS A CO	Le / INSEQUENCE O	F):	CARC	1,4	LI	N12	ARE	Tier	V -
PART II. Other significa	ent conditions c	ontributing to	desth but	not resulting	in the under	rlying cause	given in	Part I.		N AUTOPSY	241	. WERE AUTOPSY FINDINGS
									PERFO	2 No		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED T		OSPITAL:				28. PLACE OF	DEATH (C/	heck only on	(e)			
1 TES 2 NO		Inpetiant 2	ER/Outpetle	nt 3 🗆 DOA	OTHER:	Home 5	Residence	6 🗆 Other	r (Specify)			
	Pending investigation	28a. DATE OF (Month, D		26b. TIN	JURY	e. INJURY AT WORK?	□ NO	28d. DES	CRIBE HOW	INJURY OC	CURED	
• 🗆 • 1014	Could not be determined		F INJURY — atc. (Specify)	At home, ferm,	street, factory,	, office			ATION (Stree or Town, Stat		r or Runal	Route Number,
anal .	TIFYING PHYSICIAL	_										a) and manner as stated.
30. NAME AND ADDRESS O	1/200	7 ×2	mp	der de la company	O-I-N	10	CENSE NU	26	5	29d. DA	SIGNE	Month, Day, Year)
WILLIAM D		TT N	A D	LEOI IRE	NARIYIY	MAINI MIT	20	650			•	
31. DATE FILED (Month, Day.		32. REGISTRA	AR'S SIGNATU	IRE	A TUDIO	TILL PILL		550				
APR 1	0'90	Lulia	Davidso	n-Hande	Se.							

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21203-3146

DHMH-16 Rev 1/89

3. TIME OF DEATH

o,	within
VISION OF VITAL RECORDS, P.O. BOX 13146,	ATTENDING PHYSICIAN: The law requires that the death certificate be executed within
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2	quires
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>	

	1 - FOR STATE REGISTRAR	STATE OF	MARYLAND / DEPAI CERTIF	RTMENT OF I		MENTAL HYGIEN REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Lest)  MARY G. MICHAEL					2. DATE OF DEATH MONTH DM	V YEA
	4. SOCIAL SECURITY NUMBER 208 20 7451	5. SEX 1	6. AGE (In yrs. lest birthday) 95 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE DE BIRTH 1/11/1895	e. Bii
-	9a. FACILITY NAME (If not institution, give		NITED THE	9b. CITY, TOWN	OR LOCATION OF D	EATH	9c. COUNTY O

	MARI G. MICHAEL				03	28 90	- 020 -				
	4. SOCIAL SECURITY NUMBER 5.	. SEX 6. AGE		IF UNDER 1 YEAR IF UNDER 24 HR	8. 7. DATE DF BIRTH	8.1	BIRTHPLACE (State or Foreign Country)				
	208 20 7451	■M2 TF 95	YRS.	ONTHS DAYS HOURS MIN	1/11/1895	Par	nnsylvania				
	9a. FACILITY NAME (If not institution, give street	t and number)		b. CITY, TOWN OR LOCATION OF		9c. COUNTY					
m			TNIC								
0	CALVERT COUNTY NURSING CENTER, INC. Prince Frederick Calvert										
5	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNTY		I son CITY	TOWN OR LOCATION			10d. INSIDE CITY				
2	100.01.11						LIMITS?				
0	Maryland Calver	t	St.	Leonard			1 YES ZONO				
A	10e. STREET AND NUMBER			101. ZIP CODE			OF WHAT COUNTRY?				
FUNERAL DIRECTOR	Box 312 USA USA										
3	11. MARITAL STATUS 12	N U.S. ARMED	13. WAS DECENDENT OF HIS	PANIC ORIGIN? (Specify Ye	or No- 14.	RACE — American Indian,					
	1 Never Merried 2 Merried	FORCES? 1 YES	2,57NO	If yes, specify Cuben, Me			Bleck, White, etc.				
BY	3 Nidowed 4 Divorced	ALES	1 TYES 2 THO Sp	еспу:		Specify: White					
	15. DECEDENT'S EDUCAT	ION	16a. DECEDENT'S U	RIIAI OCCUPATION	16b. KIND OF BU	SINESS/IND/101	rov				
2	(Specify only highest grade con		(Give kind of wo	rk done during most of working	TOD. KIND OF BO	3111233/1110031	Int				
3		Coffege (1-4 or 6+)		Operator	IIS COV	ERNMEN'	T				
COMPLETED	12		Elevator	Operacor	05 001	TITALITIE					
S	17. FATHER'S NAME (First, Middle, Lest)				NAME (First, Middle, Melden	Sumame)					
	Linus M. DeLozier			Mary C	Sutwald						
BE	19a, INFORMANT'S NAME (Type/Print)		19b. MAILING A	ODRESS (Street and Number or Ri	ral Route Number, City or Tox	m, State, Zip Coo	sie)				
٩	HELEN HURLEY			BOX 312, ST.	and the second second second						
	20a. METHOD OF DISPOSITION	Tan									
	1 ☐ Buriel 2 CCremetion 3 ☐ Remove	of from State	other place)	ion (Name of cometery, crematory an Crematory	20c. LC	CATION — City	or Town, State  Yirginia				
- 1	4 Donation 5 Other (Specify)		Je CLOPOLC			Adiidi id	VILGIIIIA				
	21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE		22. NAME AND ADDRESS OF	Rausch	Funer	al Home				
	> Braus										
_	0,10000			2405 Broomes	s Island Roa	d Port	rEpublic MD				
	23. PART i. Enter the diseases, or con shock, or heart feliure. Lie	nplications that csuse it only one cause on a	d tha death. Do no each line.	t anter the mode of dying,	such as cardiac or resp	iretory screet	, Approximata Interval Batween				
	Onset and Death										
	disease or condition XXXXXX										
1	resulting in death)  S.  DUE TO (OR AS A CONSEQUENCE OF):										
_	Autobronchita										
CERTIFICATION	Sequentisity list conditions, DUE TO (OR AS A CONSCIUENCE OF)										
F	If any, leading to immediate cause. Enter UNDERLYING										
2	CAUSE (Disease or injury C	DUE TO OR AS	A CONSEQUENCE OF)								
Ē	that initiated events resulting in death) LAST	DOE TO (DIT HS	A CONSECUENCE OF								
Ë	d										
	PART II. Other significant conditions of	contributing to death i	but not resulting in	the underlying cause giver	in Part I. 24s, WAS AI	ALITOPSY	24b. WERE AUTOPSY FINDINGS				
S	PERFORMED? AM										
-	Gallani. V	G					AVAILABLE PRIOR TO				
	advirul	296			1 _ YES	2 NO	COMPLETION DF CAUSE DF DEATH?				
MED	advirul	296.			1 🗆 YES	2 NO	COMPLETION DF CAUSE				
N: MED	- advirul	290			1 TYES	2   NO	COMPLETION DF CAUSE DF DEATH?				
IAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL			26. PLACE DF OEATH		2 NO	COMPLETION DF CAUSE DF DEATH?				
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	(Check only one)	2 NO	COMPLETION DF CAUSE DF DEATH?				
	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1		petient 3 DOA	OTHER: 4 Nursing Home 5 Reside	(Check only one)		COMPLETION DF CAUSE DF DEATH? 1 YES 2 NO				
PHYSICI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  1  27. MANNER OF DEATH	HOSPITAL:		OTHER: 4 Nursing Home 5 Reside  OF 28c. INJURY AT WORK?	I (Check only one)  nce 8 Other (Specify)  28d. DE\$CRIBE HOW		COMPLETION DF CAUSE DF DEATH? 1 YES 2 NO				
PHYSICI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1	HOSPITAL:   Inpetient 2   ER/Out   28e. DATE OF INJURY (Month, Dey, Year)	petient 3 DOA 26b. T/ME INJU	OTHER: 4 Nursing Home 5 Resider OF 28c. INJURY AT WORK? M 1 YES 2 NO	I (Check only one)  1 (Check only one)  2 (Check only one)  2 (Check only one)  2 (Check only one)	INJURY OCCUR	COMPLETION DF CAUSE DF DEATH?  1  YES 2 NO				
BY PHYSICI	25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1 YES 2 NO  1  27. MANNER OF DEATH  1 Natural 5 Pending Investigation  3 Suicide 6 Could not be	HOSPITAL:   Inpetient 2   ER/Out	26b. TriME INJU	OTHER: 4 Nursing Home 5 Resider OF 28c. INJURY AT WORK? M 1 YES 2 NO	I (Check only one)  nce 8 Other (Specify)  28d. DE\$CRIBE HOW	INJURY OCCUR	COMPLETION DF CAUSE DF DEATH?  1  YES 2 NO				
ED BY PHYSICI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation	HOSPITAL:   Inpatient 2   ER/Out   28a. DATE OF INJURY (Month, Day, Year)   28a. PLACE OF INJURY	26b. TriME INJU	OTHER: 4 Nursing Home 5 Resider OF 28c. INJURY AT WORK? M 1 YES 2 NO	(Check only one)	INJURY OCCUR	COMPLETION DF CAUSE DF DEATH?  1  YES 2 NO				
ED BY PHYSICI	25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be determined  29a. CERTIFIER	HOSPITAL:   Inpatient 2   ER/Out   28a. DATE OF INJURY (Month, Day, Year)   25a. PLACE OF INJUR   building, etc. (Spe	26b. TiME  26b. TiME INJU  Y — At home, farm, st	OTHER: 4   Nursing Home 5   Reside OF 28c. INJURY AT RY M 1   YES 2   NO reet, factory, office	28d. DESCRIBE HOW  28d. LOCATION (Street City or Town, State	INJURY OCCUR	COMPLETION DF CAUSE DF DEATH?  1  YES 2 NO				
ED BY PHYSICI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	HOSPITAL:   Inpetient 2   ER/Out   28a. DATE OF INJURY (Month, Day, Year)   25a. PLACE OF INJURY building, stc. (Spe	28b. TiME 28b. TiME INJU  Y — At home, farm, st cify)	OTHER: 4   Nursing Home 5   Resider OF 28c. INJURY AT RY 1   YES 2   NO reet, factory, office	(Check only one)  1 (Check only one)  28d. DESCRIBE HOW  25f. LOCATION (Street City or Town, State  due to the cause(s) and ma	and Number or	COMPLETION DF CAUSE DF DEATH?  1  YES 2 NO				
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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

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32 REGISTRAP'S SIGNATURE Julia Davidson-Randall

Bennett

4 1990

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31. DATE FILED (Month, Day, Year)

TO THE FUNERAL D be filed within 72 ho IMPORTANT: If IN HOSPITAL

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	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-10	DIRECTOR: After this certificate has been signed by the attending physician and completely filled	hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or
1	0	0	2

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF OEATH YEAR 5 An 0 ANS H ILLEN 2 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign Country) 8 SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. th, Day, Year) MONTHS DAYS HOURS MIN. 1 M 2 X F 577-07-7635 100 Feb 24, 1890 Baltimore, 9a. FACILITY NAME (If not institution, give atreet and number) 9b. CITY, TOWN OR LOCATION OF OFATH Be COUNTY OF DEATH DIRECTOR Calvert Co. Nursing Center MD Prince Frederick Calvert RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD Calvert 1 YES 2 X NO Lusby FUNERAL 10s. STREET AND NUMBER 10g, CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE McOeen Road 20657 USA 12. WAS OECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yea, apecify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married Specify: BY 3 Widowed 4 Divorced White ETED 16a. OECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 18b. KIND OF BUSINESS/INOUSTRY (Specify only higher at of warking Flamentery/Secondary (0-12) College (1-4 or 5+) 12 Housewife Home maker 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Herbert Hooper Margaret Parr 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 John H. McQueen Rt 1 Box 380A Espanola, NM 87532 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, State Metropolitan Crematory Alexandria, VA 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNDRAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY and a 20736 Rausch Funeral Home, Owings, MD 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata ahock, or heart fellure. List only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Final heart failure disease or condition resulting in death) ongestive DUE TO (OR AS A CONSEQUENCE OF): PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part I, 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA ng Home 5 - Residence 8 - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 Natural 1 YES 2 NO COMPLETED BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner se stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIONED (Month, Day, Year) BE Bennett M.D. - April 1990 2



Md-2065

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nouns after death. Page 6 may be retained by the hospital or attending physician.	10 THE FUNEMAL DIRECTOR: After this certificate has been signed by the attending physicial and comperent line in the fine director, page 3 should be detathed for use as the buna-transit permit. Pages 1, be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, chemation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - FOR STATE REGISTRAR	STATE OF MARYLAND		E OF DEATH	MENTAL HYGIEN REG. NO.	E					
	1. DECEDENT'S NAME (First, Middle, Last)	Mae		Man	2. DATE OF DEATH MONTH DA						
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. la	st birthday) IF UNDI	McBride	7. DATE OF BIRTH	0.1	DIRTHPLACE (State or Foreign				
0 :	220-03-6032	10 M 2 DF 75	YRS. MONTHS		(Month, Day, Year)	<	ountry) M.I				
	9e. FACILITY NAME (If not institution, give stre			Y, TOWN OR LOCATION OF O	EATH /	9c. COUNTY	OF DEATH				
OR	Memorial Hospita	1		Easton	t						
FUNERAL DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY  10c. STREET AND NUMBER	cheste-	10c. CITY, TOWN	Camba: dg & Md. 1 L							
JNE		12. WAS DECEDENT EVER IN U.S. A	BMED 13	2 / J., 2/6/3 U, 5, 4							
ВУ	1 Never Merried 2 Merried 3 Wildowed 4 Divorced	FORCES? 1 YES 2 P		If yea, specify Cuban, Mexico 1 YES 2 10 Specifi		Black, White, atc.  Specify: Black					
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade or Elementary/Secondary (0-12)	ompleted) (0	ECEDENT'S USUAL Give kind of work done Do NOT use retired.	during most of working	16b. KIND OF BUS	SINESS/INDUST	RY				
OME	17. FATHER'S NAME (First, Middle, Last)			16. MOTHER'S NA	AME (First, Middle, Maiden	Sumame)					
	M. Iton	n Moloc	K	410	cto- 1	ack	Carl Contract				
TO BE	190. INFORMANT'S NAME (Type/Print)			SS (Street and Number or Rural	Route Number, City or Tow	n, State, Zip Coo	le)				
F	Thelma Morris Trappe. Md.										
	20b. PLACE OF DISPOSITION (Name of cometory, crometory or other piece)  20b. PLACE OF DISPOSITION (Name of cometory, crometory or other piece)  20c. LOCATION — City or Town, State  20b. PLACE OF DISPOSITION (Name of cometory, crometory or other piece)  20c. LOCATION — City or Town, State										
	21. SIGNATURE OF BUYERIAL BERYICE LICENSEE 22. NAME AND ADDRESS OF FACILITY										
	- Conerco	2/200		16 2		111	Camp.				
	23. PART I. Enter the diseases, or co	mplications that caused the d	eath. Do not ente	or the mode of dying, euc	th as cerdiec or respi	ratory arrest	Approximate				
	shock, or heart fellure. LI IMMEDIATE CAUSE (Finel	et only one ceue on eech lin	е.	7 -,			Intervel Between Onset and Death				
	disease or condition resulting in death)	RESPIRAT	021/	FAILURA		1 4500					
	resulting in death) . e.	DUE TO (OR AS A CONSE	EQUENCE OF:			707					
	b.	CHRAVIC		LUCTIVE L	UNF DIS	RASE	10 YRINK				
N	Sequentially list conditions, If any, leading to immediate Course Fater MAINERPLAYING										
ATION	If any, leading to immediate	DUE TO (OR AS A CONSE	EOUENCE OF):				7				
FICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS A CONSE					7				
ERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	·					7 1100				
L CE	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSI	EOUENCE OF):		Part I. 24a. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS				
L CE	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CONSI	EOUENCE OF):		PERFO	IMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE				
L CE	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSI	EOUENCE OF):			IMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?				
MEDICAL CE	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSI	EOUENCE OF):		PERFO	IMED?	AMILABLE PRIOR TO COMPLETION OF CAUSE				
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PHYSICIAN: MEDICAL CE	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH	DUE TO (OR AS A CONSI	resulting in the u	26. PLACE OF DEATH (C ER: uraing Home 5 - Residence 26c. INJURY AT WORK?	PERFOI	IMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO				
BY PHYSICIAN: MEDICAL CE	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 NO  27. MANNER OF DEATH  1 Natural 6 Pending investigation	DUE TO (OR AS A CONSI	resulting in the u	26. PLACE OF DEATH (C ER: unling Home 5 - Residence 26c. INJURY AT WORK? 1 - YES 2 - NO	PERFOI  1 YES 2  heck only one)  6 Other (Specify)  28d. DESCRIBE HOW I	NJURY OCCUR	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO				
ED BY PHYSICIAN: MEDICAL CE	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH  1 Netural 6 Pending	DUE TO (OR AS A CONSI	resulting in the u	26. PLACE OF DEATH (C ER: unling Home 5 - Residence 26c. INJURY AT WORK? 1 - YES 2 - NO	PERFOI  1   YES 2  heck only one)  6   Other (Specify)	NJURY OCCUR	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO				
ED BY PHYSICIAN: MEDICAL CE	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 6 Pending investigation  3 Suicide 6 Could not be determined  29a. CERTIFIER 1 CERTIFUMS PAYSICE.	DUE TO (OR AS A CONSI  Contributing to death but not  HOSPITAL:    Note	resulting in the to some, farm, atreat, fa	26. PLACE OF DEATH (C.ER: unaling Home 5 - Residence 26. INJURY AT 1 - YES 2 - NO lictory, office	PERFOI  1 YES 2  heck only one)  6 Other (Specify)  26d. DESCRIBE HOW (  City or Town, State)	NJURY OCCUR	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO				
ED BY PHYSICIAN: MEDICAL CE	If arry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 6 Pending investigation  3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only)	DUE TO (OR AS A CONSI  Contributing to death but not  HOSPITAL:    Ninpetient 2 = ER/Outpetient   28a. DATE OF INJURY (Month, Day, Year)   20a. PLACE OF INJURY — At h	resulting in the to a second of the second o	26. PLACE OF DEATH (C) ER: 26. INJURY AT WORK? 1  YES 2 NO lectory, office	PERFOI  1 YES 2  heck only one)  6 Other (Specify)  28d. DESCRIBE HOW (Street City or Town, State)  e to the cause(e) and me	NJURY OCCUR	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  NO  Route Number,				
BY PHYSICIAN: MEDICAL CE	If arry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 6 Pending investigation  3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only)	DUE TO (OR AS A CONSI  Contributing to death but not  HOSPITAL:    Xinpatient 2	resulting in the to a second of the second o	26. PLACE OF DEATH (C) ER: 26. INJURY AT WORK? 1  YES 2 NO lectory, office	PERFOI  1 YES 2  heck only one)  6 Other (Specify)  28d. DESCRIBE HOW I  City or Yown, State)  a to the cause(a) and me a time, data and place, at	NJURY OCCUR	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  NO  Route Number,				

DOVER,

32. REGISTRYA'S SIGNATURE

FISHER DAVIDSON-Randelle

FASTON, TH, 21601

31. DATE FILED (Mointh, Day, Year)

APR 09 '90

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

C. R.W. B.A. V 415 E Dis

1	- B	7.
BALTIMORE, MARYLAND 21203-3146	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a four after death. Page 6 may be retained by the hospital or attending physician.  TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
	ely filled in bration, or rer	, the med
13146,	executed with and complete burial, crem	natic event
BOX	tificate be a physician tene prior to	ther traun
, P.O.	death cer attending ental Hygi	Iry, or 0
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	requires that the een signed by the of Health and M	shows any inju
/ITAL F	AN: The law ificate has b State Dept.	r item 23
OF	PHYSICL this cert	rked, o
NOISINIC	DR ATTENDING DIRECTOR: After hours after death	item 28 is ma
1	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed withing flours after de TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fube filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	MPORTANT: If
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TO BE COMPLETED BY FUNERAL DIRECTOR

FOR STATE REGISTRAR	STATE OF MARYLAND / DEPART	MENT OF HEALTH AND	MENTAL HYGIENE REG. NO.	
1. DECEDENT'S NAME (First, Middle, Last)	MitcHell		2. DATE OF DEATH MONTH 4/5/50	YEAR 3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 2/4-07-8869 9e. FACILITY NAME (If not institution, give str	1 M 2 F YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN. 9b. CITY, TOWN OR LOCATION OF D	(Month, Dey, Year) 8 25 15	B. BIRTHPLACE (State or Foreign Country)
RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY  10c. COUNTY	war-Nusing Home 10c. CITY	Town or Location Cambaidge	L	10d. INSIDE CITY LIMITS? 1 4 YES 2 NO
593 Cosby A  11. MARITAL STATUS	eAsts Camb. M  12. WAS DECEDENT EVER IN U.S. ARMED		NIC ORIGIN? (Specify Yea or No—	EN OF WHAT COUNTRY?  14. RACE — American Indian, Black, White, atc.
1 Never Married 2 Married 3 Widowed 4 Divorced  15. DECEDENT'S EDUC	FORCES? 1 YES 2 HOO IF YES, GIVE WAR OR DATES	If yes, specify Cuban, Mexico  1 YES 2 NO Specification		Specify: Black
(Specify only highest grade of Elementary/Secondary (0-12)		ork done during most of working		A. C. C. C. C. C. C. C. C. C. C. C. C. C.
17. FATHER'S NAME (First, Middle, Last)  A A L  19a. INFORMANT'S NAME (Type/Print)	Mitchell Livette Mitchell 206. MARLING	18. MOTHER'S NJ 5 ADDRESS (Street and Number or Rural	AME (First, Middle, Melden Surname)  ROUTE Number, City or Yown, State, Zlp	olfred Code)
20a, METHOD OF DISPOSITION 1 P Burlal 2 □ Cremetton 3 □ Remo	20b. PLACE OF DISPOS	ITION (Name of cometery, cremetory or	Agta Camb. 1 20c. LOCATION - C	Md. 2/6/3 hty or Town, State
21. SIGNATURE OF FUNERAL SERVICE LIC	ensee C. Hen	22. NAME AND ADDRESS OF F	Kurre-al He	Camb.
	omplications that caused the death. Do n List only one cause on each line.  But TO IOR AS A CONSEQUENCE OF	ot enter the mode of dying, aud	ch as cerdiec or respiratory arre	Approximate interval Between Onset and Death
Sequentieity list conditions, if any, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO (OR AS A CONSEQUENCE OF  DUE TO (OR AS A CONSEQUENCE OF			years
00	s contributing to death but not resulting is	n the underlying cause given in	1 Part i. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL: 1   Inpetient 2   ER/Outpetient 3   DOA	26. PLACE OF DEATH (COTHER:		
27. MANNER OF DEATH  1 N Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY 28b. TIM INJ	E OF 28c. INJURY AT WORK?  M 1 YES 2 NO	26d. DESCRIBE HOW INJURY OCC	URED
3 Suicide a Could not be detarmined	28a. PLACE OF INJURY — At home, farm, a building, atc. (Specify)	street, fectory, offica	261. LOCATION (Street and Number City or Town, State)	or Rurat Route Number,
one) 2 MEDICAL EXAMINE	CIAN: To the best of my knowledge, death occurre R: On the basis of examination and/or investigation	on, in my opinion, death occured at th	e time, date and place, and due to the	e cause(a) and menner ea stated.
296. SIGNATURE AND TITLE OF CERTIFIER  30. NAME AND ADDRESS OF PERSON WH	4 1 Jp. Medico COMPLETED CAUSE OF DEATH (ITEM 27 17/10)	Print) 29c, LICENSE NI	08008 ≥ 4	SIGNED (Month, Day, Year)
THO MAS C.  31. DATE FILED (MONTH, Dey, Year)  APR 09'9	Hill In. 108 Pin 1 32. REGISTRADOS SIGNATURE Juna Davidson-R	in Bluff Rd.	Salisbusy,	Md. 21801

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

THE PERSON NAMED IN COLUMN TO SERVICE AND ADDRESS OF THE PERSON NAMED IN COLUMN TO SE

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BALTIMORE MARY LAND 21203-3146

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U	al department	ą,	골
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after earth. Place from	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the immeral		IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be
after	# the A	NOV.	E3
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TEND	DR: A	fter d	8 18
R AT	RECT	B SIN	em 2
TAL O	ML D	72 ho	H H
OSPI	UNER	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal	ANT
THE H	THEF	fled w	PORT
2	2	De 1	W

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	FOR  1 - STATE REGISTRAR	STATE OF MAR		EPARTMEN RTIFICAT				MENTAL HYGIEN		90	1 4	50
	1. DECEDENT'S NAME (First, Middle, Last)	N.	Nor	RRIS		DEAT		2. DATE OF DEATH MONTH D	4 -	90	3. TIME OF DEAT	TN A.M
	4. SOCIAL SECURITY NUMBER 579-40-6659	5. SEX 6. A	GE (In yrs. lest bit	YRS. IF UNDE	DAYS	IF UNDER 2 HOURS	4 HRS. MIN.	7. DATE OF BIRTH CT. 3, 19	12	8. BIRTH Count NEV	HPLACE (State or FO	
TOR		SHADY GROVE ADVENTIST H			-	K UIL			9c. COUNTY OF DEATH MONTGOMERY			
DIRECTOR	10a. STATE 10b. COUNTY MARYLAND	MONTGOME		10c. CITY, TOWN OR LOCATION SILVER SPR			RING			10d. INSIDE CITY LIMITS? 1 YES 2		
FUNERAL	100. STREET AND NUMBER 12622 EPPING ROAD			101. ZIP CODE 20906					10g. CITIZEN OF WNAT COUNTRY? USA			
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced			D 13	13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No. 14. RACE				E — American Indi k, White, stc.			
PLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12) 1.2	CATION completed) College (1-4 or 5+)	(Give i		IAL OCCUPATION done during most of working 16b. KIND OF BUSINESS/INDUSTRY					TRY		
COMPL	17. FATNER'S NAME (First, Middle, Last)							ME (First, Middle, Maiden	-			
BE	JOHN NELSON  19a. INFORMANT'S NAME (Type/Print)		19b. N	AILING AOORES	S (Street a		IZA or Rural R	ELIZA		Zip Code)		
TO	GEORGE CHANDLER (STEPSON) 3312 HIPSLEY MILL ROAD, WOODBINE, MARYLAND							AND 2179	17			
1	20s. METNOD OF DISPOSITION 1 Burlel 2 X Cremation 3 Removal from State 4 Donation 5 Other (Specify)  20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) METROPOLITAN CREMATORY  ALEXANDRIA, VIRGINIA											
	22. NAME AND ADDRESS OF FACILITY FRANCIS J. COLLINS FUNERAL HOME, INC 500 UNIVERSITY BLVD., W., SIL. SP.,								2090			
	23. PART I. Enter the diseases, Dr c shock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	Liet only one cause o	on eech lina.	n. Do not ante	r tha mo	da of dyln			iratory s	rrest,	Approxim interval B Onset an	ate Setween
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Congestive Heart Failure  DUE TO FOR AS A CONSEQUENCE OF:  PEPTIC UICEY Disease  DUE TO FOR AS A CONSEQUENCE OF:  COLONIC POLYPS WITH ITE OSTOMY										
MEDICAL C	PART II. Other significent condition	a contributing to deat	th but not rea	ulting in the u	Indariyin	g cauaa gi	iven in i	Part  . 24a, WAS AF PERFO 1   YES	RMED?	Y 248	AWAILABLE PRIOR COMPLETION DF OF DEATH?	CAUSE
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		ОТНЕ	R:			ock only one)				
	27. MANNER OF DEATN  1 🔀 Netural 5 🗌 Pending	28a. DATE OF INJU (Month, Day, Ye	JRY 2	28b. TIME OF INJURY	28c. INJ WO	URY AT		8 Other (Specify) 28d. DESCRIBE NOW	INJURY O	CCURED		
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJ building, etc. (	JURY — At home (Specify)	M 1 VES 2 NO  Norme, farm, street, factory, office  28f. LOCATION (Street an City or Rown, State)					per or Rural	Route Number,		
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PNYSH										a) and manner as:	stated.
BE CC	206. SIGNATURE AND TITLE OF CERTIFIN					29c. LICEI	NSE NUM		29d. D	ATE SIGNE	0 (Month, Day, Year)	

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (1800, Print)

S. Abulfarag - 19261 Montg. Village are. Greathers berg. Md 26879

31. DATE FILED (Mornith, Day, Your)

APR 09 90

Julia Davidson-Randelle

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache the filed within 72 hours after death with the State Debt, of Heath and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
OR ATTENDIA	DIRECTOR: Af	Item 28 Is
HOSPITAL	FUNERAL within 72	STANT: IF
THE	TO THE	IMPO

STATE OF	MARYLAND /	DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIENI	
	CE	RTIFICATE	0	F DEAT	H		REG. NO.	

	FOR STATE REGISTRAR	STATE OF MAR	YLAND / DEPAR CERTIF		HEALTH AND I	MENTA	L HYGIENI REG. NO.	E		
ļ	1. DECEDENT'S NAME (First, Middle, Last) Albert	Clemens	Neisser			2. DATE MONT		1990	YEAR	3. TIME OF DEATH 12:07 P M
	4. SOCIAL SECURITY NUMBER 156-18-8647	1 💢 M 2 🗆 F	GE (In yrs. last birthday) 81 YRS.	IF UNDER 1 YEAR		7. DATE (Monti Mar	OF BIRTH	909 Germany		
HOL	98. FACILITY NAME (If not institution, give s Randolph Hills N RESIDENCE OF DECEDENT		9	% cary, tow Rocky	ille	EATH		9c. COUNTY OF DEATH  Montgomery		
FUNERAL DIRECTOR	10a. STATE 10b. COUNTY	ť		v, town on Lo hingtor				10d. INSIDE CITY LIMITS? 1 YES 2 \( \subseteq \text{NO} \)		
ERAL	4301 Massachuset	ts Avenue,	NW Apt 50	09	101. ZIP COOE 20016					hat country? States
B	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVI FORCES? 1 \( \text{\tint{\text{\tin}\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tex{\tex	ECENDENT OF HISPAN specify Cuban, Mexica ES 2 NO Specify	n, Puerto		or No—	14. RACE Black Specif	- American Indian, , white, etc. y: White		
COMPLETED	15. DECEOENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)									
BE COM	17. FATHER'S NAME (First, Middle, Last) Clemens Neisser				18. MOTHER'S NA Margare	te B	aum			
10	19e. INFORMANT'S NAME (Type/Print)  Marianne Neisser		Same	as #10		Route Num				
	20a. METHOD OF DISPOSITION  1		20b. PLACE OF DISPO other place) Suburban	Cremat		CILITY		rer S		g, Maryland
	· Dilhi	B. Elal	M00827	Rapp 933	Funeral S Gist Avenu	Servi ue, S	Silver	Spri		MD 20910
CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the death. Do not antar tha mode of dying, such es cardiec or reepiratory arrest, above, or heart feliure. List only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  SENILE INANITION AND CACHETA  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):									Interval Between Onset and Death MONTOS  MEANS
PHYSICIAN: MEDICAL CI	PART II. Other significant condition	ns contributing to dae	th but not resulting	in the under	ring cause given in	Part I.	24s. WAS AN PERFOR 1 — YES 2	RMED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   LNO	HOSPITAL:	/Outpatient 3 □ DOA	OTHER:	PLACE OF DEATH (Cr					
ву РНУ	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28a, DATE OF INJU (Month, Day, Y	JRY 28b. Til	ME OF 28c.	INJURY AT WORK?	28d, DE	SCRIBE HOW I			
ETED.	3 Suicide 8 Could not be 4 Homicide determined	building, etc.	(Specify)			City	y or Town, State)			cone number,
(Check only one)  2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause a stated.										(Month, Day, Year)
TO B	30. NAME AND AGORESS OF PERSON WI	HO CONFLETED CAUSE O	F DEATH (ITEM 27) (Typ	a - D.	D 08	94	TO NO	Gut	PRIL	5 1990 16
	31. DATE FILED (Month, Day, Year)  APR 6 90	32. REGISTRAR'S	SIGNATURE POPULATION	):	744		-			~ 1 (7

1 - STATE REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

_	NEGISTRAN			_,,,,,,	. 47	. 01	DEA		HEG. NO	,		
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF DEATH	DAY	YEAR	3. TIME OF DEATH
	FRIEND	Α.	OARR		JR				04 03		90	5:00 A'
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. les		IF UNDER	1 YEAR	IF UNDER		7. DATE OF BIRTH		8. BIRTH Countr	PLACE (State or Foreign
	212-38-4073	1 ₹ M 2 □ F	52	YRS.	MONTHS	MONTHS DAYS HOURS MIN. M			(Month, Day, Year) May 23. ]			ington, DC
	9a. FACILITY NAME (If not institution, give si				9b. CITY,	TOWN	OR LOCATI				UNTY OF D	
Œ	DRINGE GEORGE'S IN	COITAL	or itro		96. CITY, TOWN OR LOCATION OF DEATH  CHEVERLY							
6	PRINCE GEORGE'S HO	DSPITAL (	LENTER			HEV	ERLY			TPRI	NCE (	GEORGE'S
DIRECTOR	Maryland Prince	George	s		у, тоwn о Lphi	R LOCA	TION					10d. INSIDE CITY LIMITS? 1 [X] YES 2 NO
	100. STREET AND NUMBER 8300 14th Avenue,	#202				10	1. ZIP COD				S.A.	VHAT COUNTRY?
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES?	NAT OR DATES	2 NO If yes, specify Cubsn, Maxican, Puerto Rican, etc.)					es or No— 14. RACE — American Indian, Black, White, etc. Specify: White			
	15. DECEDENT'S EDUC	CATION	18e. DE	ECEDENT'S	USUAL OC	CUPATI	ON		18b. KIND OF BI	JSINESS/IN	IDUSTRY	
BE COMPLETED	(Specify only highest grade 12th Grade 6	College (1-4 or 5 Years	+) (G	ive kind of a Do NOT us					Compute	er Sc	ience	e Corporati
<u>×</u>	17. FATHER'S NAME (First, Middle, Last)						18 MOT	HER'S NAM	E (First, Middle, Maide	n Sumama)		-
SE CC	Friend A. Hoar					ine A		r surneme)				
2	Christopher A.A.								oute Number, City or To Liverdale			i 20737
	20e METHOD OF DISPOSITION 1 Burlel 2 Cremeton 3 Rem 4 Donation 5 Other (Specify)	oval from State	20b. PLACE Washi								- City or To	wn, State aryland
	21. SIGNATURE OF FUNERAL SERVICE LIC	pole#	)' //		Fi	vame a	NP ADDRE	as of fag	Sons F	ınera	1 Hor	ne, P.A.
	1 ark	3.15	Soho	un	47	739	Balt	imore	Ave. Hy	attsv	ille	, Md. 20781
	23. PART i. Enter the diseases, or and ck, or heart feilure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one ca	use on each line	e.						, , , , , , , , , , , , , , , , , , ,		Approximate interval Between Onaet and Deat
CERTIFICATION	disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):											
5	PART il. Other aignificant condition	a contributing to	death but not	resulting	in the un	derbir	COLUBA	alven in E	Dart I 24- MAR A	N ALITTORS	v   246	WERE AUTOPSY FINDINGS
MEDICAL											MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
AN	25. WAS CASE REFERRED TO MEDICAL					26. F	LACE OF E	DEATH (Chec	ck only one)			
S	EXAMINER?	NOSPITAL:	☐ ER/Outpatient :	2 DOA	OTHER	₹:			Other (Specify)			
PHYSICIAN:	27. MANNER OF DEATH  1 Natural 5 Pending	28a. DATE O		28b. TIN	1	28c. IN	JURY AT ORK? YES 2		28d. DESCRIBE HOW	INJURY O	CCURED	
ED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE building	OF INJURY — At h	ome, farm,	street, fact				281. LOCATION (Stree City or Town, State		per or Rural	Route Number,
BE COMPLETED	000)	R: On the basis of					death occu			and due to	the cause(	s) and manner as stated.
2	THE WILL U	· mas	2				D	231	W 5		4-	3-40
	30. NAME AND ADDRESS OF PERSON WITH	TZ W	JSEDF DEATH (ITE	S 27) (3/20	Velo	w	40	n 6	In gr	ence	oct	MDZOTIC
	31. DATE FILED (Month, Day, Year) APR 05 90	Julia Davido	AR'S SIGNATURE	2			,		0			



BALTIMORE, MARYLAN

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely	be filed within 72 hours after death with the State Dept. Of Health and Mental Hygrene prior to burian, creman	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, t
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31. DATE FILED (Month, Day, Year)

APR 0 9 '90

	FOR	STATE OF	MADVI AND /	DEDAD	TMENT	ר חב או	EAITH /	AND M	ENTAL NVCIEN	ıc	90	11453
	1 - STATE REGISTRAR	SIAIE UF	CI	ERTIF	ICATE	E OF	DEAT	Н Н	REG. NO			
	1. OECEOENT'S NAME (First, Mic	ddle. 'ast)	LU	IGI 1	PROVI	ENZAN	10		2. DATE OF DEATH	AY	YEAR 90	3. TIME OF OEATH  LO 20  M  M
	4. SOCIAL SECURITY NUMBER	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In 1/13. Isst birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. D				7. DATE OF BIRTH		8. BIRTHP	LACE (State or Foreign			
	579-18-7739	1 K M 2 🗆 I	84	YRS.	MONTHS	DAYS	HOURS	MIN.	June 15,	1905	Country)	aly
	9a. FACILITY NAME (If not institu	ition, give street and number)			9b. CITY	, TOWN O	R LOCATIO	N OF DEA	тн	9c. COU	NTY OF DE	ATH
O.B.	Suburban Hos				Ве	ethes	da			Mo	ntgo	mery
DIRECTOR	RESIDENCE OF DECED	10b, COUNTY 10c, CITY, TOWN OR LOCATION									10d. INSIDE CITY	
HIG	MD	Montgomery		В	ethes	sda						LIMITS?
	10e. STREET AND NUMBER					101.	ZIP CODE			10g. CITI	ZEN OF WI	HAT COUNTRY?
7209 Swansong Way 20817 U.S.A.												
BY FUNERAL	11. MARITAL STATUS  1 Never Married 2 Mar  3 Widowed 4 Divorced	ENT EVER IN U.S. AF 1 YES 2 XI E WAR OR DATES			If yes, spa		, Maxican,	C ORIGIN? (Specify Ya , Puarto Rican, etc.)	e or No—		- American Indian, White, atc. White	
		ENT'S EDUCATION	16a. OE	CEOENT'S	USUAL O	CCUPATIO	N		16b. KIND OF BU	SINESS/INC	USTRY	
COMPLET	Elamentary/Secondary (0-12)	ghest grade completed) College (1-4 or	Elden .	i. Do NOT u	se retired.)	auring mos	t of working	,				
M	12			Ston	e Mas	son				nry (	Co.	
	17. FATHER'S NAME (First, Middle								IE (First, Middle, Malder			
BE	Joseph Prov		1 40	b MAII IM	ADDRES	C /Ctmat as			Pellegri		Code	
ဥ	Antoinette P	4 C.S.*	1				# 10		oute number, City or low	vn, State, ZIÇ	(0000)	
	20a. METHOD OF DISPOSITION		20b. PLACE	OF DISPO					20c. L0	CATION -	City or Tow	rn, Stata
	1 Burial 2 Cremation 4 Donation 5 Other (Sp.		other pi	lace)			ı Cem		Si1	ver S	Sprin	g, MD
	21. SIGNATURE OF FUNERAL SI	ERVICE LICENSEE			22.	NAME AN	D ADDRES	S OF FACI	ILITY			
	Misch	alld!	held	m					s Sons, I W Wash.,		0016	
	23. PART I. Enter the dise											Approximate
	shock, or hear IMMEDIATE CAUSE (Final	t fallure. List only one	ceuse on each line	е.								Onset end Death
	disease or condition resulting in deeth)	PN	TO (OR AS A CONSE	IA.	LE	FT	Li	IN(	-			ONE MONTH
												11110000
NO	Sequentially list condition	e, Due	TO JOD AS A CONSE	OHENCE C	NEX.				ITIS			GWEEKS
ΙΨ	if any, leading to immediate cause. Enter UNDERLYING	G-F	NEIAL	エス	= \	AT	HER	2050	CLE Mos	TS		YEARS
Ē	CAUSE (Disease or injury that initieted events	DUE	TO (OR AS A CONSE	OUENCE C	OF):							1.1- 5
CERTIFICATION	resulting in death) LAST	a. 17 1	4 EUMA	TI	( )	15	AVCT	0	LSEAS	II.		YEARS
	PART il. Other significant	conditiona contributing	to death but not	resulting	In the U	nderlying	ceuse g	iven in F	Pert i. 24s. WAS A	N AUTOPSY	24b.	WERE AUTOPSY FINDINGS
MEDICAL									PERFO	RMED?		AWAILABLE PRIOR TO COMPLETION OF CAUSE
Ē									_   1,4,123	2   110		OF DEATH?
	-								_			
PHYSICIAN:	25. WAS CASE REFERRED TO M						ACE OF OE	EATH (Chec	ck only one)			
SIC	1 TES EX NO	HOSPITAL	2 ER/Outpatient	3 🗆 DOA	4 - Nu		6 5 □ Red	aldence (	6 Other (Specify)			
M 1 YES 2 NO									CURED			
	3 Sulcide 8 Cou	28e. PLAC	E OF INJURY — At hong, atc. (Specify)	ome, farm,	street, fac	tory, office	1		28f. LOCATION (Street City or Town, Stett	and Number	r or Rurai A	oute Number,
COMPLETED	construction of the	YING PHYSICIAN: To the best										end manner as stated.
- 1	200. SIGNAJURE AND TITLE OF	РОЕНТИВН	1	7			29c. LICE	NSE NUM	BER /	29d. DAT	E SIGNED	(Month, Day, Year)
BE	Neurs	5 Here	MARKU	J			DI	25	04	•		6, 1990
	30 NAME AND ADDRESS OF PL	ERSON WHO COMPLETED	MISE OF DEATH ST	EM 27) /5m	e Printl -	,				1		-, -,

ess of person yno completed cause of Death (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE
Julia Davidson Randelle

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BALLIMORE, MARITAND	6	2	34
	Ded	pino	led
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DIVISION OF VITAL RECORDS, F.O. BOA 13149,	ICIA	the	07
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	PITA	ERA in 7	H
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	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept, of Heath and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MA		DEPART					ENTAL HYGIEN REG. NO				
	1. DECEDENT'S, NAME (First, Middle, La	va Pa	V						DATE OF OEATH	MY 3	YEAR 90	TIME OF DEATH 8:02 P M	
	4. SOCIAL SECURITY NUMBER 220 76 7550	5. SEX 6	AGE (In yrs. lest		IF UNDER 1		F UNDER 24	MIN.	Month, Day, Year)		8. BIRTHPL Country) Kore	ACE (State or Foreign	
œ	Se. FACILITY NAME (If not institution, gir	re street and number)	+ Han	nital"			LOCATION		DEATH 9c. COUNTY OF DEATH				
DIRECTOR	RESIDENCE OF DECEDENT	TO UCITES	1100	11/4/1		ckvi				M	ontgor	nery	
IR	10e. STATE 10b. COU			10c. CITY,		ille	N					Dd. INSIDE CITY LIMITS?	
	Maryland Mo	ntgomery		10	UCKV		IP CODE			10a CIT		YES 2 NO	
ERA	90 Monroe Stree					850				m.Res			
B FIUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS OECEDENT I FORCES? 1 [ IF YES, GIYE WAR	YES 2 N		16	yes, speci	OENT OF I fy Cuban, I	Mexican,	ORIGIN? (Specify Ye Puarto Rican, etc.)		14. RACE — Black, V Specify:	- American Indian, White, etc.	
	15. DECEDENT'S 8 (Specify only highest gr Elementary/Secondary (0-12)	SUAL OCCUPATION It done during most of working retired.)											
SE COMPE	1/12 Orchard Business Self Employed  17. FATHER'S NAME (First, Middle, Last)  Tae Ho Park  Orchard Business Self Employed  16. MOTHER'S NAME (First, Middle, Maiden Surname)  Chon Ok Lee												
TO B	19a. INFORMANT'S NAME (Type/Print)								nte Number, City or Tor				
	Shin Park 20a. METHOD OF DISPOSITION		20b. PLACE								City or Town		
	1 Donation 5 Other (Specify)	amoval from Stata	other ple	e Was							L, Md.	, otats	
A CONTRACTOR	21. SIGNATURE OF FUNGAM. SERVICE	Vigues	li			AME ANO	ADDRESS /Rin	of facil		S.S.N	⁄Id.		
CERTIFICATION	23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, along the interval Between Onset end Death of the ceuse o										intervel Between		
MEDICAL	PART II. Other significent condit	iona contributing to d	eeth but not r	esuiting in	the und	derlying	ceuae giv	en in P		RMED?	a c	VERE AUTOPSY FINDINGS WAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?  YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	R/Outpatient 3		OTHER:	:	S C Beak		k only one)				
ву РНУ	27. MANNEB OF DEATH  1 Netural 6 Pending 2 Accident Investigation	28a. DATE OF IP (Month, Day	JURY	26b. TIME INJU	OF :	28c. INJUI	TA Y	1	28d. OESCRIBE HOW	INJURY O	CCURED		
8	3 Suicide 6 Could not 4 Homicide datermined	De building, et	INJURY — At ho c. (Specify)	me, farm, str	eet, facto	ry, office			261. LOCATION (Street City or Town, State		er or Rural Rou	ite Number,	
COMPLET	anal	IYSICIAN: To the best of m										and menner as stated.	
TO BE	29b. SIGNATURE AND TITLE OF EEHT	3/2		2	1	)	PIG. LICENS	SE NUMB	621	29d. DA	TE SIGNED (	Aonth, Day, Year) 4/90	
-	30. WAME AND ADDRESS OF PERSON 31. DATE FILED (Month, Olly, Year)	Stales	S SIGNATURE	0110	Print)	6,	90	Ja	The	s la	ug.	LUD 2007	
	APR U 7.90	Frene Day	doon-Non	A COLOR							0		

by the hospital or attending	the detached for one as the	someted at once.
within a dris after death. Part II	pletely filled in by the funeral dimension, or removal.	ent, the medical examiner must be
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 drs after death. Pault	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral classical and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner men
R ATTENDING PHYSICIAN; The law require	IRECTOR: After this certificate has been significate has been significate of the state Dept. of He	em 28 is marked, or item 23 shown
TO THE HOSPITAL O	TO THE FUNERAL DI	IMPORTANT: If Ite

STATE	0F	MARYLAND A	DEPARTMENT	0F	<b>HEALTH</b>	AND	<b>MENTAL</b>	HYGIENE
		C	ERTIFICATE	O	F DEAT	TH		REG. NO.

	FOR 1 - STATE REGISTRAR	STATE OF MARY			OF HEALTI		MENTAL HYGII		
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF OEATH		3. TIME OF OEATH
	EMEE, V	IRGINIA	ਹਿ	RNEY			04 (	)6 1	990 02:53a M
	4. SOCIAL SECURITY NUMBER		E (in yrs. lest birthde)	_	1 YEAR IF UND	ER 24 HRS.	7. DATE OF BIRTH		8. BIRTHPLACE (State or Foreign
	270 22 8050	1 🗆 M 2 🚉 🗐	61 YRS.	MONTHS	DAYS HOURS		(Month, Day, Year 10/18/	1928	Country) Ohio
<u>س</u> ا	9e. FACILITY NAME (If not institution, give				TOWN OR LOCA		ATH		TY OF DEATH
DIRECTOR	MONIGOMERY GENER	AL HOSPITAL		OTM	CY, MAR	ALAND		MONT	GOMERY
S	10e. STATE 10b. COUNT	γ	10c. C	ITY, TOWN O	R LOCATION				10d. INSIDE CITY
8	Maryland Mon	tgomery	S	ilver	Spring				LIMITS?
A	10e. STREET AND NUMBER		•		10f. ZIP CO	DE		10g. CITIZ	EN OF WHAT COUNTRY?
H	3530 Peartree C	Court			2090	06		U	SA
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER					IIC ORIGIN? (Specify		14. RACE — American Indian, Black, White, etc.
ВУ Б	1 Never Merried 2 Merried 3 Wildowed 4 Divorced	IF YES, GIVE WAR OF			YES 2 X N		n, Puerto Rican, etc.) /:		Specify: White
	-	<u> </u>	1						
COMPLETED	15. DECEDENT'S EDU (Specify only highest grad	e completed)	16e. DECEDENT (Give kind o	'S USUAL OC	CUPATION luring most of wor	rking	16b. KIND OF	BUSINESS/INDU	JSTRY
ا تا	Elementery/Secondery (0-12)	College (1-4 or 5+)						300 -	_
N N	1/12	2 Years	Custome	er rep			ME (First, Middle, Mai	AT &	
					1 2 5 5 7 7				
BE	Paul Estvanko  190. INFORMANT'S NAME (Typo/Print)		19h MAII II	NG ADDRESS			La Hovane		Code
2	Mary Lynn . Perne	••					S.S.Md.		#43
	20e. METHOD OF DISPOSITION		20b. PLACE OF DISP						Ity or Town, State
	1 Suriel 2 Cremetion 3 Ren 4 Donetion 5 Other (Specify)	noval from State	Gate of						Spring, Md.
	21. SIGNATURE OF EDITERAL SERVICE L	CENSEE	oacc or	22.	NAME AND ADDE	RESS OF FA	CILITY		1 0,
	> Mil: 11	11. 11.			ines/Ri			C MA	
	23. PART I. Enter the disease, or	complications that cause	and the death. De				mp.Ave.S		est, Approximete
	shock or heart fellure.	. Liet only one ceuse or	n eech line.	o not onto		2)mg, 500	., 00 0010100 01 10		Interval Between Onset and Death
	IMMEDIATE CAUSE (Final disease or condition	. Chro	micil	36.	4	4	· P	1/	) A .
	resulting in death)	DUE TO (OR A	S A CONSEQUENCE	OF):	Chene	- 1-1	re / A		1
-	_	a5							j
CERTIFICATION	Sequentielly list conditions, if any, lesding to immediate	OUE TO (OR A	S A CONSEQUENCE	OF):		_			
8	ceuse. Enter UNDERLYING	C.							
臣	CAUSE (Disease or Injury that initiated events	DUE TO (OR A	S A CONSEQUENCE	OF):					
ᇤ	resulting in deeth) LAST	d							
	PART II. Other significent condition	ens contributing to deet	h but not resultin	g in the un	derlying ceus	e alven in	Part I. 24a. WAS	AN AUTOPSY	24b. WERE AUTOPSY FINDINGS
CAL	None				, ,		PER	FORMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE
	7						1   1   1	3 2 NO	OF DEATH?
Σ							_		1 TYES 2 NO
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL				28. PLACE OF	OEATH (Ch	eck only one)		
Sic	EXAMINER?	HOSPITAL: 1 inpatient 2 ER/C	Outpatient 32 00A	OTHER 4 Nur		Residence	8 Other (Specify)		
Ŧ	27. MANNER OF DEATH	28e. DATE OF INJUI (Month, Day, Yea	RY 28b. 1	IME OF	28c. INJURY AT		28d. OESCRIBE HO	W INJURY OCC	UREO
ВУ Р	Natural 5 Pending			M	WORK?	□ NO			
	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJU	URY - A1 home, farr	n, street, fact	ory, office		261. LOCATION (Str City or Town, S		or Rural Route Number,
TEI	4 Homicide determined	building; etc. (	эрчину)				Only or lown, o	iate)	
COMPLETED	29e. CERTIFIER (Check only 1 CERTIFYING PHYS	SICIAN: To the best of my kr	nowledge, death occ	urred at the 1	ime, date and pla	ice, and due	to the cause(e) end	manner es state	ed.
W	CONSUM OTHY								e ceuse(e) end menner as stated.
	296. SIGNATURE AND TITLE OF CERTIFI	ER			29c, L	CENSE NUI	MBER	29d, DATE	E SIGNED (Month, Day, Year)
BE	12601	(E-Dans	29		1	700	275	11	11/1991
2	AME AND ADORESS OF PERSON W	HO COMPLETED CAUSE OF	DEATH (ITEM 27) (7)	rpe, Print)				1/3/1	100000000
6									
	31. DATE FILED (Month, Day, Year)	32. REGISTBAR'S S	I MUTANDI						
	ADD 09'90	Freis Davido	ionature grandaille						

		STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
	REGISTRAR	CERTIFICATE OF DEATH	REG. NO.
. 0	DECEDENT'S NAME (First, Middle, Last)	2. DATE C	OF DEATH

	1 - STATE REGISTRAR	SIAIE UF N	IANTLANI	CERTIF	ICATE	OF	DEAT	ANU N		EG. NO			
	1. DECEDENT'S NAME (First, Middle, Last	Α.	_						2. DATE OF I	D	AY	YEAR	3. TIME OF DEATH
	JAMES  4. SOCIAL SECURITY NUMBER	A.	PERRY	s. last birthday)	IF UNDER	4 MEAD	e	24.4900	03	2	9	90	9 35PM M
1	577-09-2958A	1X M 2 □ F	80		MONTHS	DAYS	HOURS	MIN.	7. DATE OF E (Month, Da 03	y, Year)	10	NORT	H CAROLINA
40	90. FACILITY NAME (If not institution, give PRINCE GEORGES		CENTER	2		TOWN O		ON OF DE	ATH			NCE C	ATH GEORGES
DIRECTOR	RESIDENCE OF DECEDENT  10e. STATE 10b. COUN	TY		10c. CITY, TOWN OR LOCATION									10d. INSIDE CITY
		CE GEORGE	S	FAIRMONT HEIGHTS					HTS				LIMITS7
FUNERAL	100. STREET AND NUMBER 506 62nd AVENUE #	<sup>‡</sup> D				101	ZIP CODI		743		10g. CITI	.S.A.	SAT COUNTRY?
ВУ	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Nidowed 4 Divorced	12. WAS DECEDEN FORCES7 1 IF YES, GIVE W	YES 2	2XXNO If yes, epecify Cuben, Mexicen, Puerto					, Puerto Ricar	illY (Specify Yee or No— 14. RACE — America Black, White, etc.   Specify: BLA			White, etc.
TED	15. DECEDENT'S ED (Specify only highest grad		160	16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working				16b, KIND OF BUSINESS/INDUSTRY					
COMPLETED	12th grade	College (1-4 or 5 +	)	TRUCK DRIVER					TR	TRANSPORTATION			
BE CON	17. FATHER'S NAME (First, Middle, Last) RUFUS PERRY		18. MOTHER'S NAME (First, Middle, Maiden Surname) LUCY SOLOMON										
TO B	19e. INFORMANT'S NAME (Type/Print) MARY PERRY			196. MAILING 506 6	and A	(Street e	nd Number UE #:	or Rural R	AIRMON	City or Tow THE	m, State, Zic	S, MD	20743
	20e. METHOD OF DISPOSITION  1 X Buriel 2 Cremetion 3 Re 4 Donation 5 Qthey Specify	moval from State	20b. PL	ACE OF DISPO	SITION (Na	me of cer	metery, cren	RY				City or Tow	
	21. SIGNATURE OF TUNEBAL SERVICE L	CENTRAL	10	1					RAL HO			D.C	. 20019
-	23 PART I. Enter the diseases of	complications that	caused the	a death Do					-				
1	23. PART I. Enter the diseases, or complications that ceused the deeth. Do not antar the mode of dying, such as cardisc or reapiratory arreat, shock, or heart feliure. List only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition requiring in death)  Output  Ou												
CERTIFICATION	Sequentielly list conditione, if sny, leading to Immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST												
SER		d,											-
BY PHYSICIAN: MEDICAL	PART II. Other significent condition Hy feutensis	ons contributing to	o death but not resulting in the undariying cause given in Part						24e. WAS AN AUTOPSY PERFORMED?			WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
: ME	ASCI tes								-				1 ☐ YES 2 🙀 NO
NA	25. WAS CASE REFERRED TO MEDICAL					28. PL	ACE OF D	EATH (Che	ck only one)	-			
YSIC	EXAMINER?	HOSPITAL:	ER/Outpatier	nt 3 🗆 DOA	OTHER 4 Num		• 5 □ Re	eldence	8 🗆 Other (Sp	ecify)			
3У РН	27. MANNER OF DEATH  1  Netural 8 Pending 2 Accident Investigation	28e. DATE OF (Month, De		28b. TIN	ME OF JURY M		URY AT RK? YES 2	ON [	28d. DESCRI	BE HOW I	INJURY OC	CURED	L.D
	3 Suicide a Could not be 4 Homicide determined	28e. PLACE Of building,	F INJURY — A etc. (Specify)	At home, farm,	atreet, facto	ory, offic			2af. LOCATIO City or To	N (Street own, State)	end Number	or Rural Ro	ute Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHY 2 MEDICAL EXAMIN												end manner as stated.
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFI	ND					29c. LICI	NSE NUM	BER 3				Month, Day, Year) 0 - 9 0
	80. NAME AND ADDRESS OF PERSON W	J, M.D. 7	04 6	FORMA	MAI	IE,	T-1-	LA	URE	L	, MI	)20	707
	31. DATE FILED (Month, Day, Year)	32. REGISTRA	AVIS SIGNATUR	Pandall									
	MPR U5 YU	A											

DALIMORE, MARTLAND	n 24 hours after death. Page 6 may be retained by the hos	ly filled in by the funeral director, page 5 should be detach atton, or removal.	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOA 13148,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF I	MARYLAND /		TMEN1				MENTAL	HYGIEN REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)									OF DEATH	v	YEAR 3	. TIME OF DEATH
	BEULAH Blanc	he PO	RTER						APRI	L 16,	1990	TEAN	2:28 M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	t birthday)	IF UNDER		IF UNDER		7. DATE O	Day, Year)		8. BIRTHPL Country)	ACE (State or Foreign
	218-24-7977	1 M 2 XF	81	YRS.	MONTHS	DAYS	HOURS	MIN.			908		t Virginia
	9e. FACILITY NAME (If not institution, give st	reet end number)			9b. CITY	, TOWN C	R LOCATI	ON OF DE	ATH		9c. COU	NTY OF DEA	тн
8	MEMORIAL HOSPITAL				CUM	BERI	AND				ALL	EGANY	
DIRECTOR	RESIDENCE OF DECEDENT  10e, STATE 10b, COUNTY	,		10c CIT	CITY, TOWN OR LOCATION							1,	0d. INSIDE CITY
<u> </u>	27.20			Cumberland								LIMITS?	
	Maryland Alleg	ally			Cullin	_	. ZIP COD	F			10e CITI		AT COUNTRY?
A A		'h-woo-h	- wood			1.50	215				100.011	USA	
FUNERAL	1906 Bedford S		IT EVER IN U.S. AR	MED	13	WAS DEC			IIC ORIGIN? (Specify Yee or No. 14, RACE			- American Indien,	
	1 Never Merried 2 Married	FORCES?	10		If yes, sp		n, Mexica	n, Puerto R			Black, Specify:	White, etc.	
B⊀	3 X Widowed 4 Divorced	11 120, 0112	SAIT ON BAILS				2A) 110	opeun	,.			эрвигу.	White
유	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	18e. DE	CEDENT'S	USUAL O	CCUPATIO	ON st of workli	na	16b.	KIND OF BUS	INESS/IND	USTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5	+)		work done se retired.)	daning mo	01 01 1701701	.8					
COMPLETED	9		Hou	sew	ife					Home			
8	17. FATHER'S NAME (First, Middle, Last)						100.00			iddle, Maiden			
BE	Arthur W	leese								nerin			
임	19a. INFORMANT'S NAME (Type/Print)									er, City or Towl			21502
.	Betty McHardy 200. METHOD OF DISPOSITION		20b. PLACE						Ave.	Cre		City or Town	
	1 N Burial 2 Cremetion 3 Remarks Property	oval from State	other place	ace)				-					Maryland
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		et i			ND ADDRE		CILITY	Cuin	peri	anu,	Maryland
	> Ernet a	2 0.0	1		L	eas	ure-	-Ste	ein, 1	Inc.	230	Balt	imore Av.
				-11- 0-						2150			I A
	23. PART i. Enter the diseases, or complicatione that ceused the deeth. Do not enter the mode of dying, such ee cerdiec or reepiretory arrest, ahock, or heert fellure. List only one ceuse on each line.    Approximata   Interval Between   Onset end Deeth   Onset end Deeth   Onset end Deeth   Onset end Deeth												
	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Advanced Over an Carcinoma												
	disease or condition a. Having of the put to (or as a consequence of):												
_	_	502 10	(on no n conce	00202	. ,.								j
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO	(OR AS A CONSE	OUENCE C	IF):								
8	cause. Enter UNDERLYING CAUSE (Diseese or injury	C											
빌	thet initieted events	DUE 10	(OR AS A CONSE	QUENCE O	IF):								
H H	resulting in deeth) LAST	d											
1	PART II. Other aignificant condition	a contributing to	death but not	resulting	in the u	nderlyin	g ceuse	given in	Part i.	24a. WAS AN			VERE AUTOPSY FINDINGS
2										PERFOR			MAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
MEDICA									_				YES 2 NO
						_			_				
SICIAN:	25. WAS CASE REFERRED TO MEDICAL						LACE OF E	EATH (Ch	eck only one	9)			
Sic	EXAMINER?	HOSPITAL:	☐ ER/Outpatient 3	DOA	4 Nu		10 5 □ R	esidence	6 🗆 Other	(Specify)			
PHY	27. MANNER OF DEATH	26e. DATE O	F INJURY Day, Year)	26b. TII	ME OF JURY		URY AT		28d. DE\$	CRIBE HOW I	NJURY OC	CURED	
M 1 YES 2 NO													
29. PLACE OF INJUNY — At norms, iarm, street, factory, office building, set. (Specify) building, set. (Specify) 281. LOCATION (Street end Number or Flural Floute Number or Flural Flura									ute Number,				
COMPLET	29a. CERTIFIER (Check only 1 CERTIFYING PHYSI												
8	one) 2 MEDICAL EXAMINE	R: On the basie of	examination end/or	Investigati	on, in my	opinion, d	death occu	ired at the	time, date	end place, en	d due to ti	he cause(e)	end manner as stated.
ш	296. SIGNATURE AND TITLE OF CERTIFIE	MA -					29c. LIC	ENSE NU	MBER		29d. DAT	E SIGNED	Mightin, Day, Woor)
10 B							D233	71			2 4	1/10	170
	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAL	ISE OF DEATH (ITE	M 27) (Tvo	e. Print)								

MEDICAL BUILDING CUMBERLAND, MD

MEMORIAL HOSPITAL

30. NAME AND ADDRESS OF PERSON QAMAR ZAMAN DR.

DALIMORE, MARILAND	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detachy be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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	24 DC	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 1 be filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	the n
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DIVISION OF VITAL RECORDS, P.O. BOA 13149,	1G Pt	ath w	nark
2	ENDI	R: Af er de	90
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	FOR STATE	STATE OF MA					EALTH DEAT		WENTAL		E			
	REGISTRAR  1. DECEDENT'S NAME (First, Middle, Last)		CE	:RHF	ICATE	OF	DEAL		2. DATE OF	REG. NO.			A 71145	OF DEATH
	The second secon	NC							MONTH	DA		YEAR		OO AM
~40	ROBERT H. POLI								APRIL	12,	199			
. 1	4. SOCIAL SECURITY NUMBER		8. AGE (In yrs. lest	, ,	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. OATE OF Month, I	BIRTH	_	8. BIRTH	PLACE (S	GINIA
3	235-38-6771	1 💢 M 2 🗌 F	61	YRS.					DEC.	4,192	8	MF21	AIK	GINIA
1	9a. FACILITY NAME (If not Institution, give st	reet and number)		9b. CITY, TOWN OR LOCATION OF DEATH				ATH		9c. COU	NTY OF D	EATH		
8	425 FORESTER AVE	NUE			CU	MBER	LAND				ALL	EGAN	Υ	
5	RESIDENCE OF DECEDENT  10a, STATE 10b, COUNTY			40.00			100							
DIRECTOR		GANY.			Y, TOWN								LIN	BIDE CITY MITS?
	18/1/(14/1/16)	.UANT			JMBEF									ES 2 NO
FUNERAL	10e. STREET AND NUMBER					101.	ZIP CODE					IZEN OF V		UNTRY?
빌	425 FORESTER AVE						2150					S.A.		
5	11. MARITAL STATUS  1 Never Married 2 X Married	12. WAS DECEDENT FORCES? 1	V VES 2 N			If yes, spe	elfy Cube	n. Maxica	IIC ORIGIN? n, Puerto Ric	(Specify Year	or No-	Black	k. White.	rican Indian, atc.
BY	3 Widowed 4 Divorced	IF YES, GIVE WA	R OR DATES			1 YES	2 X NO	Specify	<i>r</i> :			Spec	m: Wh	ITE
ED E	15. OECEDENT'S EDUC			OFFICE	USUAL O	OCUPATIO	M4.		1	IND OF BUS	W 1500 (W)	MATEN		
빝	(Specify only highest grade	completed)	(Gir	ve kind of	work done	during mos	st of workin	g	10D. K	IND OF BUS	iiness/ini	JUSTRY		:
COMPLET	Elementary/Secondary (0-12) UNKNOWN	College (1-4 or 5+)		CHI					1	RAILRO	NΔD			
N N	17. FATHER'S NAME (First, Middle, Last)		1117	101111	1131				ME (First, Mic					
	FLOYD K. POLING								PIFE!		Sumame)			
ᇜ														
2	190. INFORMANT'S NAME (Type/Print)	DOL TAIC	196						Poute Number				21.50	0
		POLING							, CUME			The state of the state of		
1	20s. METHOD OF DISPOSITION 1X Burial 2 Cremetion 3 Remo	oval from State	20b. PLACE other pla	ice)							CATION -			
	4 Donation 5 Other (Specify)		SUNS	SEL			PARK			l Ct	<b>NMRF</b>	RLANL	), M/	ARYLAND
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE					D ADDRES			INFDAI	HUN	AF D	ο Λ	
	Chandy n. 4	schurch.	/			202	GREEN	VE S	RCH FU	UMBER	LAND	MD	21	502
	23. PART i. Entar the diseases, or 6	omplications that	caused tha de-	ath. Do									A	pproximate
	shock, or heart feliure.	Liet only one ceus	se on each ilne.											terval Between
	disease or condition	Mat	to store	VV	0	la	n	CA	4					
	resulting in death)	OUE TO (	OR AS A CONSEC	DUENCE O	F):		/		•					
2														
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	OUE TO (	OR AS A CONSEC	UENCE O	F):				-					
8	csuea. Enter UNDERLYING CAUSE (Disease or injury	C.												
E	thet initiated evanta	DUE TO (	OR AS A CONSEC	DUENCE O	F):									
	resulting in death) LAST	d												
1	DART II Other cignificant condition	o contellination to	danth but and a		In At a su	adaal ta			Daniel La					
MEDICAL	PART ii. Other significant condition	s contributing to t	beath but not r	eauiting	in the ui	nderiying	] ceuse (	liven in	Part I.	PERFOR		240	AWAILAB	LE PRIOR TO
ă	CAD								_	t 🗌 YES 2	NO NO		OF DEAT	TH?
뿔									_				1 🗌 YE	ES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 (X) NO  1  Inpetient 2  ER/Outpatient 3  DOA  4  Nursing Home 5 (X) Residence 6  Other (Specify)														
EXAMINER?  1 YES 2 X NO  HOSPITAL: 1   Inpetient 2   ER/Outpatient 3   DOA														
PHY	27. MANNER OF OEATH	28e. DATE OF I (Month, De	INJURY ly, Year)	28b. TIN	IE OF JURY	28c. INJ WO	URY AT		28d. DEŞC	RIBE HOW I	NJURY OC	CURED		
B	1 X Natural 5 Pending Investigation			1,522	М	1 🗆 1	YES 2	NO						
	3 Suicide 8 Could not be	28e. PLACE OF building, e	INJURY At ho etc. (Specify)	me, farm,	street, fac	tory, offic	•		28f. LOCAT	TON (Street a	and Numbe	r or Rural	Route Nur	nber,
	4 Homicide determined													
PL	29a. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of i	my knowladga, de	ath occur	ed at the	time, data	and place	, and dua	to the caus	e(a) and mer	ner aa ste	rted.		
COMPLETED	one) 2 MEDICAL EXAMINE	R: On the beels of ex	amination and/or i	Investigati	on, In my	opinion, d	leath occur	red at the	time, data a	nd placa, an	d due to t	ha cause(	a) and me	enner as stated.
, - II	296. SIGNATURE AND TITLE OF CERTIFIER	1					29c. LIC	ENSE NUI	MBER	1	29d. DA	TE SIGNED	D (Month,	Day, Year)
8	H Merry	ek					D28					/13/		
유	30. NAME AND ADDRESS OF PERSON WH	O COMPLETEO CAUS	E OF DEATH (ITE	M 27) (7vo	Print)		220	220				, = 0 /		

CURTISS MERRICK, M.D.-MEML.HOSP.MED.BLDG.-CUMBERLAND, MD

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

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HE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24.	IE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fills	2
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	1	FOR STATE REGISTRAR		STATE OF I	/MARYLAND /				EALTH A		NTAL HYGI				
$\Gamma$		1. DECEDENT'S NAME (First	, Middle, Last)							2.	DATE OF DEAT		YEAR	3. TIME	OF DEATH
1	Ì			MAD	ELYNE WI	LLIA	MS I	PETE	RMAN		April			12:5	55 p M
I)		4. SOCIAL SECURITY NUMBER		s. SEX	8. AGE (In yrs. las		IF UNDER	1 YEAR DAYS	IF UNDER 2		DATE OF BIRTH (Month, Day, Yes		8, BIRTH	PLACE (SI	tate or Foreign
,		293-07-05	13	1 M 2 XF	76	YRS.	WONTHS	DAYS	HOURS		ept.16			VA.	
		9a. FACILITY NAME (If not in					9b. CITY	, TOWN O	R LOCATIO	N OF DEATH		9c. COL	INTY OF DI	EATH	
1			rial Ho	spital				(	Cumbe	rland			Alle	gany	У
į	DIRECTO	RESIDENCE OF DEC	10b. COUNTY			10c. CIT	Y, TOWN C	OR LOCATI	ION :					10d. INSI	IDE CITY
0		PA.	Bedf	ord		R	D 4	1 Rec	dford						S 2 NO
	- 15	10e. STREET AND NUMBER		OLU		1 2/			ZIP CODE			10g. CIT	IZEN OF W	HAT COU	INTRY?
			R.D	. 4					15	522	U.S.A.				
	FUNERAL	11. MARITAL STATUS			T EVER IN U.S. AF				ENDENT OF	HISPANIC C	NIC ORIGIN? (Specify Yes or No - 14. RACE -				can Indian,
	- 11	1 Never Married 2		IF YES, GIVE	☐ YES 2 📆 WAR OR DATES	WO			2 XNO		Snecific:			fv.	
	BA BA	3 Widowed 4 Dive									_			whit	te
	ETED		CEDENT'S EDUCA by highest grade or		18a, DE	Ive kind of	work done	CCUPATIO during mos	N at of working	,	18b. KIND OF	BUSINESS/IN	DUSTRY		
		Elementary/Secondary (	0-12)	College (1-4 or 5	+) ""						molo:	phone i	Comos	mrr	
	Z N	17. FATHER'S NAME (First, M	Aiddle Leeth	14	i	Sup	ervis	OL	10 MOTH	ED'C NAME	First, Middle, Me	ohone	Compa	шу	
		Burt Tay									Farnsw				
	H H	190. INFORMANT'S NAME (			19	b. MAILING	ADDRESS	S (Street at			Number, City or		io Godel		
	2	Jacquely		wsare					cd, P		5522				
		20a. METHOD OF DISPOSITION  20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place)  20c. LOCATION — City or Town, Stata other place)													
		1 M Burial 2 ☐ Crematic 4 ☐ Donalion 5 ☐ Other		al from State			Ceme	eter	J			New Br	itair	1 . E	PA.
	Ì	21. SIGNATURE OF FUNERA	SERVICE LICE	NSHIP		1				S OF FACILI					
		Bedford, PA. 15522 Louis Geisel Funeral Home 330 E. Pitt St.													
		23. PART I, Enter the d	Honoros or co	mplications the	I climed the d	eath, Do									proximete
		ehock, or h	nesrt felluse. 🖽	only one ca	use on each line	b.				.,		oupe.o.y		Int	ervai Between
		iMMEDIATE CAUSE (FI disesse or condition		0.10	anti-	. 7	216			-1	-00.	H 0	(40)		
		resulting In deeth)	0.	DUE TO	COR AS A CONSE	OUENCE	9 0000 PF: TO		7011	2	-and	00-0	2011	0	9
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0		Sequentially list condit		DUE TO	(OR AS A CONSE	DUENCE C	P):				-				
	EKITECATION	cause. Enter UNDERLY	ING												
֡	Ĭ	CAUSE (Disease or Injuted initiated events		DUE TO	(OR AS A CONSE	OUENCE C	P):								
		resulting in deeth) LAS	ST d.												
_	- 0	PART II. Other signific	ant conditione	contributing to	deeth but not	reculting	In the u	nderlying	ceuee g	iven in Par	t I. 24s. WA	S AN AUTOPSY	24b	WERE AU	JTOPSY FINDINGS
•	MEDICAL				riseas				,		PE	RFORMED?		COMPLET	LE PRIOR TO TION OF CAUSE
		W	Jun 15	taits	947						.   ''' ''	S Z WO		OF DEAT	H? S 2 🗌 NO
			00110	30.00							-			1 1 12	3 2 🗆 110
	PHYSICIAN:	25. WAS CASE REFERRED 1	TO MEDICAL				···	26. PL	ACE OF DE	ATH (Check	only one)				
֡		EXAMINER?		HOSPITAL:	ER/Outpatient	DOA	OTHE		e 5 Rea	eldence 8	Other (Specify	)			
>		27. MANNER OF DEATH	L	28a. DATE O	FINJURY	28b. Til	WE OF	28c. INJ	URY AT		d. DESCRIBE H		CCURED		
	- 0		Pending Investigation	(Month,	Day, Year)	IN	JURY		RK? (ES 2 _	NO					
	D BY	2 Accident 3 Suicide	Could not be	28a. PLACE	OF INJURY — At h	ome, farm,	atreel, fac	tory, office	•	28	f. LOCATION (S	treet and Numb	er or Rural I	Route Num	ober,
U	u	4 Homicide	delarmined	building	, stc. (Specify)						City or Town,	State)			
	ונ	29a. CERTIFIER 1 CER	ITIFYING PHYSIC	AN: To Iha best o	f my knowledga, d	esth occur	red at the	time, deta	and placa.	and dua to	the cause(a) an	d manner sa st	ated.		
	COMPLET	anal and			xamination and/or									and mai	nner as stated.
		29b. SIGNATURE AND TITL	E DF CERTIFIER		0				29c. LICE	NSE NUMBE	R	29d. DA	TE SIGNED	(Manth, L	Day, Year)
1	BE	IM	July -		1-		My	>	I	19229	D354	81	4/1	1/9.	
í	임	30, NAME AND ADDRESS D	DE PERSON WHO	COMPLETED CAL	ISE OF SEATH JITS	₩ 30 (Tvn		3.	0				-1		

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Dr. John P. Whitmore, 1968 National Highway.

22 PEGISTRAR'S SIGNATURE

LaVale

	1 - FOR STATE OF MARYLAND / DEPA CERTIFICATION CERTIFICATI	RTMENT OF		MENTAL HYGIE					
	1. DECEDENT'S NAME (First, Middle, Last)  DBROTHY APAIR PE	NDE	2	2. DATE OF DEATH	3 190	year 3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER  5. SEX  6. AGE (in yrs. lost birthday 1	MONTHS DAY	HOURS MIN.	7. DATE OF BIRTH (Month) Day, Year)	20	BIRTHPLACE (State or Foreign Country)			
TOR	9a. FACILITY NAME (If not institution, give street and number)  5355 Irving Ruby Road  RESIDENCE OF DECEDENT	96. CITY, TOW	ESVAL C		C/A	Y OF DEATH RIDO LL			
L DIRECTOR		kesvil			10a, CITIZE	10d. INSIDE CITY LIMITS? 1 YES 2 NO IN OF WHAT COUNTRY?			
FUNERAL	5355 Irving Ruby Road  11. MARITAL STATUS 1 Server Merried 2 Merried  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYSES 2 THO	If yes	2178 DECENDENT OF HISPAN specify Cuben, Mexico	NIC ORIGIN? (Specify on, Puerto Ricen, etc.)	U.	S A  14. RACE — American Indian, Black, White, etc.			
TED BY	3 Wildowed 4 Divorced IF YES, GIVE WAR ON DATES  15. DECEDENT'S EDUCATION (Specify only highest grade completed)  (Give kind of Give ki	"S USUAL OCCUP of work done during use retired.)	(ES 2 NO Specification No. 1)		USINESS/INDUS	White			
COMPLETED	12 City  17. FATHER'S NAME (First, Middle, Lest)  John Robert Pender	Planne	18. MOTHER'S NA	ME (First, Middle, Maid	en Sumame)	ore City			
TO BE			Suss of and Number or Rural ng Ruby	Route Number, City or 1					
	*\tilde{\text{To Buriel 2 } \subseteq \text{ Cremetion 3 } \subseteq \text{ Removel from State}  \text{other place}  \text{Ca_IVary}  \text{Ca_IVary}  \text{Ca_IVary}  \text{Ca_IVary}	Episcop	cometery, crematory or coal Church	cem. Ta	LOCATION - CI	ty or Town, State			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  Brian L. Height	Hai		ral Home		). Box 195) 1)-795-1400			
	23. PART I. Enter the diseasea, or complications that caused the death. Do ahock, or heart fellure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE					Interval Between Onset and Daeth			
HOLL	Sequentially list conditions, if any, leading to immediate  by VOLHO SAC DIAC OR AS A CONSEQUENCE			DISE		IVEAR			
CERTIFICATION	Cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST								
7	PART II. Other algnificant conditions contributing to death but not resulting	g in the underl	ying cause given in	PERI	AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO			
PHYSICIAN: MEDICA	25. WAS CASE REFERRED TO MEDICAL EXAMPLER?  1 YES 2 NO  1 Inpatient 2 ER/Outpatient 3 DOA  27. MANNEB-OF DEATH  280. DATE OF INJURY  286. DATE	OTHER:	Nome 5 Reeldence	6 Other (Specify)					
BY	27. MANNEP OF DEATH  1 Netural 5 Pending Investigation  2 Accident Investigation  3 Suicide 8 Could not be determined determined	INJURY AT WORK?  YES 2 NO	284. DESCRIBE HO 28f. LOCATION (Stra City or Town, St	et end Number o	r Rural Route Number,				
COMPLETED	29e. CERTIFIER  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurrence of my knowledge of my knowle								
TO BE CC	266. SIGNATURE AND TITLE OF CERTIFIER  30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (7)	D	29c, LICENSE NU	MBER +96	PPd. DATE	SIGNED (Model, Day, Year)			

or attending physician.	see as the burial-transit per	à	ed at once.
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1. 730	IRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direct		niner
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s arre	by th	этом	dical
INOU.	lled in	1, Or r	E He
he law requires that the death certificate be executed within 25 to	tely fi	mation	t, th
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PHYSI	this c	with	rked,
DING	After	death	S ma
ATTEN	CTOR:	after	28
DR	VERAL DIRECTOR	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or	IMPORTANT. If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be a
SPITAL	TO THE FUNERAL D	72 uir	AT: H
F 70	IE FU	M with	HTAI
2	TO TH	be file	IMPC

1. DECEDENT'S NAME (First, Middle, Last)		CERT	IFICATE	OF DEATH	REG. NO				
Helen St	sirley	Pry			April :	AY L	1990	8:05 A	
214-09-8018	1 🗆 M 2 😾 F	AGE (Inflyrs. last birtho	S. MONTHS D	AYS HOURS MIH.	7. DATE OF BIRTH (Month, Day, Year) 1-15-1902		Mary		
9a. FACILITY NAME (If not institution, give street				OWN OR LOCATION OF D	EATH	1	INTY OF DEA		
Clearview Nursing	Home		Hage	erstown		Wash	ingto	ngton	
10s. STATE 10b. COUNTY		10c.	CITY, TOWN OR	LOCATION			1	Od. INSIDE CITY	
Maryland Washing	gton		Rohrers	Ville 101. ZIP COOE		10g. CIT		TYES 2 NO	
20314 Park Hall Ro	oad			21779			II.S.A		
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVEN FORCES? 1 IT IF YES, GIVE WAR	YES 2 NO	lf y	S DECENDENT OF HISPA es, specify Cuben, Maxic YES 2 NO Spec		s or No-	14. RACE - Black, Specify:	- American Indian, White, etc.	
The second second		1 6					<u> </u>	White	
	College (1-4 or 5+)	(Give kind	OT use retired.)	ing most of working	166. KIND OF BU				
10 yrs.		Rest	uraunt (		Self F		yed		
Hunter Thom	as S	herlev			erine	Surnamoj	Da	rlington	
19s. INFORMANT'S NAME (Type/Print)			LING ADDRESS (S		Route Number, City or Tox	m, State, Zi		LITINGCOIL	
Thomas Gordon Ber	ry	203:	14 Park	Hall Road	Rohrersvil	le Mo	d. 21	779	
20a. METHOD OF DISPOSITION	ml from State	20b. PLACE OF DIS		of cemetery, crematory or			- City or Town		
AXBurlel 2 Cremation 3 Removal from State other place)  4 Donation 3 Other (Specify) Mt. Zion Cemetery Locust Grov							rove,	Maryland	
21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  7606 Boonsboro Pike									
Douglas A. Fiery And Film Bast Funeral Home Boonsboro Md. 21713  23. PART I. Enter the diseases, or complications that caused the deeth, bo not enter the mode of dying, such as cardisc or respiratory arrest,   Approximate									
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):									
ceuss. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OF	AS A CONSEQUENC	JE OF):						
ceuss. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other eignificent conditions  Chicagonic Island  Alleganic Island  Alleganic Island		ath but not reault		interi erti ko inselie	PERFO 1 TYES	RMED?		WAILABLE PRIOR TO	
Ceuss. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DATE II. Other significent conditions  Acquire  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	contributing to de	eth but not result	othese	CONTRACTOR DEATH OF	PERFO 1 TYES	RMED?		COMPLETION OF CAUSE OF DEATH?	
Couss. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART ii. Other significent conditions  Chapter  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	contributing to de	ath but not result	OTHER	28 PLACE OF DEATH (C	PERFO 1 YES	RMED?		MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
Couss. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DART ii. Other significent conditions  Acquire  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	Contributing to de	ath but not result  the Cerep  case—  case—  convolute tent 3 Dec  there	OTHERA	28. PLACE OF DEATH (C. 19) Home 5 Residence 8c. INJURY AT WORK? 1 YES 2 NO	PERFO 1 YES  1 Other (Specify)  28d. OE\$CRIBE HOW	RMED?	CCURED	MMLABLE PRIOR TO COMPLETION OF CAUSI OF DEATH?	
ceuss. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DART II. Other eignificent conditions  CAUSPILL  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending	Contributing to de	ath but not result  ALC CLUS  ALCONOMICS  AVOUTPETION 28b  JURY At home, for	OTHERA	28. PLACE OF DEATH (C. 19) Home 5 Residence 8c. INJURY AT WORK? 1 YES 2 NO	PERFO 1 YES	INJURY OG	CCURED	MMLABLE PRIOR TO COMPLETION OF CAUSI OF DEATH?	
Couss. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DART II. Other significent conditions  Light  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  Natural 5 Pending investigation  3 Suicide 8 Could not be	CONTributing to de  CALLEZACIÓN  HOSPITAL:    Inpetient 2   El  28s. DATE OF IN. (Month, Day,  28s. PLACE OF IP building, etc	ath but not result  ALC CLUS  ANOUTPETION 3 DO  NOUTPY 28b  JURY — At home, fa  (Specify)  knowledge, death or	OTHERODA OTHEROMAN MINUSURY MI	28. PLACE OF DEATH (C. 19) Home 5 Residence Sc. INJURY AT WORK? 1 YES 2 NO y, office	PERFO 1 YES  1 YES  28d. OE\$CRIBE HOW  28f. LOCATION (Street City or Town, State te to the cause(a) and me	INJURY OC	CCURED or or Rural Ro	MMLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  YES 2 NO NO VIEW NO NO NO NO NO NO NO NO NO NO NO NO NO	
Ceuss. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DART II. Other significent conditions  PART II. Other significent conditions  Conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 8 Could not be 4 Homicide GERTIFYING PHYSICI	CONTributing to de  CALLEZACIÓN  HOSPITAL:    Inpetient 2   El  28s. DATE OF IN. (Month, Day,  28s. PLACE OF IP building, etc	ath but not result  ALC CLUS  ANOUTPETION 3 DO  NOUTPY 28b  JURY — At home, fa  (Specify)  knowledge, death or	OTHERODA OTHEROMAN MINUSURY MI	28. PLACE OF DEATH (C. 19) Home 5 Residence Sc. INJURY AT WORK? 1 YES 2 NO y, office	PERFO 1 YES  1 Section (Specify) 28d. OE\$CRISE HOW  28f. LOCATION (Street City or Fown, State  18 to the cause(a) and make time, dete and place, a	INJURY Oc and Number of the total of the tot	ccured  er or Rural Ro  ated. the cause(s)	MMLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  YES 2 NO NO VIEW NO NO NO NO NO NO NO NO NO NO NO NO NO	
Ceuss. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DART II. Other significent conditions  Complete  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 2 Accident 3 Suicide 4 Homicide  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER:	CONTributing to de  CALLEZACIÓN  HOSPITAL:    Inpetient 2   El  28s. DATE OF IN. (Month, Day,  28s. PLACE OF IP building, etc	ath but not result  ALC CLUS  ANOUTPETION 3 DO  NOUTPY 28b  JURY — At home, fa  (Specify)  knowledge, death or	OTHERODA OTHEROMAN MINUSURY MI	28 PLACE OF DEATH C 19 Home 5 Residence 8c. INJURY AT WORK? 1 YES 2 NO 1, office 9, date and place, and de nion, death occured at the	PERFO 1 YES  1 Section (Specify) 28d. OE\$CRISE HOW  28f. LOCATION (Street City or Fown, State  18 to the cause(a) and make time, dete and place, a	INJURY Oc and Number of the total of the tot	ccured  er or Rural Ro  ated. the cause(s)	MANLABLE PRIOR TO COMPLETION OF CAUSI OF DEATH? I YES 2 NO  Une Number,	
Ceuss. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DART II. Other eignificent conditions  PART II. Other eignificent conditions  CERTIFIER (Check only one)  MEDICAL EXAMINER:  1 Yes 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER:  29b. SIGNATURE AND TITLE OF CERTIFIER	COMPLETED CAUSE	ath but not result  ALC CLUP  ANOUTPETION 3 DO  NOUTPY 28b  JURY — At home, fa  (Specify)  knowledge, death or instion and/or invest	OTHERADA OTHERADA AND THE STREET OF INJURY M  Irm, street, factor occurred at the time legation, in my opinion (Type, Print)	28. PLACE OF DEATH (C. 19) Home S Residence Sc. INJURY AT WORK? 1 YES 2 NO y, office e, date and place, and dunion, death occured at the course of the cours	PERFO 1 YES  1 YES  1 Section (Specify)  28d. OE\$CRISE HOW  28f. LOCATION (Street City or Fown, State  1 to the cause(a) and make time, dete and place, a	and Number	or or Rural Roated.  Steel Cause(s)	MANLABLE PRIOR TO COMPLETION OF CAUS SET DEATH?  YES 2 NO  Ute Number,  and menner as stated  Month, Dey, Year)	

once.

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APYLAND 21203-3146

The hospital

制	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directory	No.	IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner mark
Pag	al din		Ber
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Pag	funera		хаш
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2	2	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	M

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Leonard

Koger

31. DATE FILED (Month, Day, Year)

APR 0 9 90

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) DAVID 2. DATE OF DEATH 3. TIME OF DEATH -ROSE DAVID OSE 815 90 7. DATE OF BIRTH (Month, Day, Year) Oct. 26,1938 A SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 8. BIRTHPLACE (State or Foreign Country) IF UNDER 24 HRS. 1 🔯 M 2 🗌 F 51 463-54-0934 TX 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Suburban Hospital Beth., Mont. RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD Mont. Bethesda 1 XYES 2 NO FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE 5911 Chatsworth La. 20814 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ∑ YES 2 ☐ NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, atc. If yes, specify Cuban, Maxican, Puarto Rican, etc.) 1 Never Married 2 X Marries 1 YES 2 NO Specify: White Specify: BY 3 Widowed 4 Divorced ETED 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple Elementary/Secondary (0-12) College (1-4 or 5+) COMPL Systems Analyst Youth For Understanding 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Homer Rose Lillian Snow BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Flural Floute Number, City or Town, State, Zip Code) 2 Carol S. Rose Same as item # 10 20a. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION -- City or Town, State 1 🔯 Burial 2 🗆 Cremation 3 🗆 Re 4 🗆 Donation 5 🗆 Other (Specify) \_\_ Norbeck Mem. Park Cem. Spg. MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Joseph Gawler's Sons, Inc. 5130 WI Ave. NW Wash.. DC 20016 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiretory arrest, **Approximate** shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final **Onset and Death** 3 day disease or condition MYOZAND resulting in death) DUE, TO (OR, AS A CONSEQUENCE OF) Atheroxclero CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING **CAUSE** (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I.

Severe durated Cardiouny from anoxic 24b. WERE AUTOPSY FINDINGS 24a. WAS AN AUTOPSY PHYSICIAN: MEDICAL PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? lopain veniricular 1 | YES 2 | NO arrhy Thinids 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 | YES 2 | NO nt 2 ER/Outpetient 3 DOA ng Home 5 - Residence 6 - Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Netural 5 Pending м 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be COMPLETED 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. tion and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 29c. LICENSE NUMBER 28791 296. SIGNATURE AND TITLE OF CENTIFIER BE Clongen 15/90 un) 2 30 NAME AND ADDRESS OF PERSONWHO COMPLETED CAUSE OF DEATH (JTEM 27) (Type, Frint)

10401 Old Georgeten Rd 32 REGISTRAR'S SIGNATURE Lilia Davidson Randolle

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a mount after death. Page 6 may b	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be
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	1 - STATE REGISTRAR	STATE OF MARYLA			F HEALTH		MENTAL HYG			1130			
	1. DECEDENT'S NAME (First, Middle, Last)  ROSEVELT	ROOSEVEL					2. DATE OF DEAT MONTH		YEAR 90	3. TIME OF DEATH 7.20 A			
	4. SOCIAL SECURITY NUMBER	00	in yrs. last birthday)	IF UNDER t YE			7. DATE OF BIRT	Н	8. BIRTH	IPLACE (State or Foreign			
	579 50 8698	1 x M 2 □ F 52	YRS.	MONTHS DA	HOURS	MIN.	Jan 29,		Colt	umbia,S.C.			
1	9a. FACILITY NAME (If not institution, give st	treet end number)		9b. CITY, TO	WN OR LOCATIO								
DIRECTOR	SOUTHERN MY		Clin	Tor	Y	PR	INCE	Y GORGES					
E	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNTY	1	Y, TOWN OR L	OCATION					10d. INSIDE CITY				
DIR	Maryland Princ	ce Georges	Ft.	Washi	noton					LIMITS?			
	10e. STREET AND NUMBER		12.0	Habita	101. ZIP CODI	E		10g. C	ITIZEN OF	WHAT COUNTRY?			
FUNERAL	2404 Mary Place		20744	1		UN	UNITED STATES						
FU	11. MARITAL STATUS	13. WAS	DECENDENT C	F HISPANI	C ORIGIN? (Speci	fy Yes or No-	Yes or No- 14, RACE - American Indian,						
ВУ	1 Never Married 2 X Married 3 Widowed 4 Divorced	FORCES? 1 YES IF YES, GIVE WAR OR DA  1959-1965	TES		YES 2 NO			Specify:					
ED I	15. DECEDENT'S EDUC	CATION	16a. DECEDENT'S	USUAL OCCU	PATION		16b, KIND O	F BUSINESS/II	Bla	CK			
ETE	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	(Give kind of life. Do NOT u	work done during se retired.)	ig most of working	ng							
APL	12		SUPERV	ISOR			U.S.(	GOVERNI	MENT				
COMPLET	17. FATHER'S NAME (First, Middle, Last)		18. MOTI	HER'S NAM	AE (First, Middle, M	alden Surname,	)						
BE	JOHN H. RUSSELL						CAMPBELI						
5	196. INFORMANT'S NAME (Type/Print)  196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  NORMA RUSSELI. WIFE  2404 Mary Place Et Washington MD 20744												
	200. METHOD OF DISPOSITION 200. PLACE OF DISPOSITION (Name of completely companies of companies												
	1 Regular 2 Cremetton 3 Removal from State of the place o												
	21. SIGNATURE OF FUNERAL SERVICE LIC			22. NAR	E AND ADDRE	SS OF FAC	CILITY						
	> //// A	and b					POPE FU						
	23. PART I. Enter the diseases, pro	complications that caused	the death. Do	not enter the	mode of dy	ing, such	vania Av	respiratory	SE D	Approximate			
	ahock, or heart failure.	List only one cause on ed	ech iine.	~						interval Between Onset and Daath			
	IMMEDIATE CAUSE (Final disease or condition resulting in deeth)												
		DUE TO (OR AS A	CONSEQUENCE O	(F)	0	(100 <u>0</u> 0.1							
NO	Sequentially list conditions,	b. DUE TO TOM AS A	CONTROUENCE	0	ulli	w							
CERTIFICATION	If eny, leading to immediate cause. Enter UNDERLYING	. Mel	do tal	Del	MU C	was	Dix ca	uce	J				
IFI	that initiated events OUE TO (OR AS A CONSEQUENCE OF):												
ERT	reaulting in death) LAST												
	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS												
ICAL							PE	ERFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE			
MEDI								20 2		OF DEATH?  1 YES 2 NO			
							T-						
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? / HOSPITAL: OTHER:												
YSI	1 - YES 2 - NO	1 Department 2 - ER/Outp	atient 3 🗆 DOA	OTHER:	Home 5 🗆 Re	esidence	6 Other (Specif	y)					
	27. MANNER OF DEATH  1 Netural 5 Pending	28a, OATE OF INJURY (Month, Day, Year)	28b, TIR	JURY	WORK?	7.00	28d. DESCRIBE	10W INJURY C	OCCURED				
ВУ	2 Accident Investigation	28e. PLACE OF INJURY	- At home form		YES 2	NO	28f. LOCATION (S	Street and Numi	her or Quest	Doub Mumber			
ED	4 Homicide 8 Could not be	building, etc. (Spec	and the same of th			City or Town,		OUT OF FIDELIT	riodio (varios),				
E	290. CERTIFIER 1 CERTIFYING PHYSI	ICIAN: To the best of my knowl	edge, death occur	red at the Ilme	data and place	and due	In the councie) on	ud manner as s	nteted				
COMPLETE	and a	R: On the basis of examination								a) and menner se stated.			
	29b. SIGNATURE AND TITLE OF DESTREE	A A	5		29c. LIC	ENSE NUM	BER	29d. 0	ATE SIGNE	promp, Deft year			
TO BE	VIX AL	Harden			D	176	05	•	3	124/40			
F	30. NAME AND ADDRESS OF PERSON WH	DNK CL	ATH (ITEM 27) (Type	Print)	MOK	, M		-	1				
	31. DATE FILED (Month, Day, Year)  32. REGISTRAR'S SIGNATURE												
	MAR 29'90 &	chia Davidson-Rano	tall										

DIVISION OF VITAL RECORDS, P.O. BOX 13146,	BALTIMORE, MARYLAND 21203-3146
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within are after death. Page 6 may be retained by the hospital or attending physician.	urs after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fired in by the funeral director, page 5 should be detached for use as the burial-trans be filed within 72 hours after death with the State Dept, of Health and Memal Hyglene prior to burial, cremation, or removal.	u in by the funeral director, page 5 should be detached for use as the burial-trans or removal.
IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF M			TMENT				MENTA	L HYGIEN REG. NO.	E		11404
	1. DECEDENT'S NAME (First, Middle, Last)		0	,						OF DEATH			TIME OF DEATH
	GRAHAI	27	15/15	6					MONT.	H D/		EAR	1:25 AM
	4. SOCIAL SECURITY NUMBER 5	. SEX	6. AGE (In yrs. last	birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.		OF BIRTH		BIRTHPL	ACE (State or Foreign
	215-18-7577			YRS.	MONTHS	DAYS	HOURS	MIN.		h, Day, Year)		Country)	
	9a. FACILITY NAME (If not institution, give stree	A OZ								907 Mt Giload NC			
œ					90. Ci 11,	10WN C	R LOCATI	ON OF DE	AIN		SC. COUNTY	OF DEAT	"
DIRECTOR	8305 Canning Ter	race			Greenbelt,								
S											d. INSIDE CITY		
E	MD Prince	e George	j.	Gre	enbe	1 t.							LIMITS?
	10e. STREET AND NUMBER			0.2	10f. ZIP CODE						10a CITIZEI		T COUNTRY?
FUNERAL		errace			20770						USA		
5		2. WAS DECEDENT FORCES? 1	EVER IN U.S. ARI	MED						N? (Specify Yes Rican, aic.)	or No- 14	RACE -	American Indian, /hita, aic.
ВУ	1 Never Married 2 Married  3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES 1							:	,	Specify:		
	12.1						41					Black	7
H	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  (Give kind of work done during most of working life. Do NOT use retired.)								168	, KIND OF BUS	SINESS/INDUS	TRY	
<b>Ш</b>	Elementary/Secondary (0-12)	College (1-4 or 5 +	) Ino.	Do NOT u	se retired.)					Bethle	ehem S	teel	
M M	8th			Mack	inis	t						0001	
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)									Middle, Maiden	Sumame)		
BE	Baxter Rush						ŀ	Ella	McA	Auley			
0	19a. INFORMANT'S NAME (Type/Print)		838	MAILING	ADDRESS	(Street a	nd Number	or Rural F	Poute Num	ber, City or Tow	n, Stata, Zip Co	ode)	
-	Carrie Cato				reenb		Mo		2077				
	20a. METHOD OF DISPOSITION 1 № Burial 2 Cremation 3 Ramova	al from State	20b. PLACE other pla	OF DISPO	SITION (Na	me of cer	netary, cren	natory or		20c. LO	CATION — CIT	y or Town,	State
	4 Donation 5 D Other (Specify)		Mary.		Nati	ona	L Mer	moria	al P	k	Laure	1 M	[d
	21. SIGNATURE OF FUNERAL SERVICE LICEN	ISEE		4	22. 1	NAME A	O ADDRE	SS OF FA	CILITYM	arshal	l's Fu	nera	1 Home
	E P	11051	hall		- 1	,	4217	9t1	h S	treet,	N. W.	iici u	l Home
	23 PART / Enter the diseases or con	nolications that	coursed the de	eth Do	not enter	the mo	Wash	ingto	on,	D.C.	200]	1	
	23. PART I. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, euch as cerdiec or respiratory errest, ahock, or heart feliure. List only one cause on each line.  Approximate interval Between												
	IMMEDIATE CAUSE (Finel												
	resulting in deeth)		ced Pro			cer							
		DUE TO	OR AS A CONSEC	DUENCE O	F):								
Z	Sequentielly liet conditions, b.	DUE TO (OR AS A CONSEQUENCE OF):											
Ĕ	If any, leeding to immediate	DUE TO	OR AS A CONSEC	DUENCE C	IF):								
2	CAUSE (Disease or Injury	D/17 00			_								
Ë	thet initieted eventa	DUE 10	OR AS A CONSEC	DUENCE C	MF);								
CERTIFICATION	d.												
2	PART ii. Other algnificent conditions	contributing to	deeth but not r	eeulting	In the un	derlyin	o cause	given in	Part I.	24s. WAS AN	AUTOPSY	24b. W	ERE AUTOPSY FINDINGS
S										PERFOI	RMED?	A	MILABLE PRIOR TO DMPLETION OF CAUSE
0									_	1 TYES	KNO		F DEATH?
Ž												1	YES 2 NO
ä													
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:			OTHER	_	ACE OF D	EATH (Ch	eck only o	ne)			
SI		☐ Inpatient 2 ☐	ER/Outpatient 3	□ DOA			10 5XXR	ealdence	6 🗆 Oth	er (Specify)			
PHYSICIAN: MEDICA	27. MANNER OF DEATH	28e. DATE OF (Month, D		28b. TII	AE OF JURY	28c. INJ	URY AT		28d. DE	SCRIBE HOW	INJURY OCCU	RED	
BY	1 Natural 5 Pending 2 Accident Investigation				М	1 🔲	YES 2	□ NO					
	1 288, PLACE OF INJURY At name, term, street, tectory, article 1 281, LOCATION (Street and Number of Rural Houte Num										te Number,		
TE	4   Homicide determined building, stc. (Specify)												
PLE	29s. CERTIFIER 1 CERTIFYING PHYSICIA	AN: To the best of	my knowledge, de	ath occur	red at the t	lme, date	and pleca	, and dua	lo lhe ca	use(a) and ma	nner as stated		
COMPLETED													nd manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER	2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the lime, data and place, and due to like cause(s) and manner as stated.  29b. SIGNATURE AND TITLE OF CERTIFIER  29c. LICENSE NUMBER  29d. DATE SIGNED (Month, Osy, Year)											
出	A CONTROL OF CENTREN	1/1						60			Zyd. UAIE	M CONDIC	90
_		11 2000						00	~		1 7	/ 7	/ / / /

DC

20017

COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

1160 VARNUM ST. N.E. # 112 WASH
PREGISTRAT'S SIGNATURE
This Davidson-Randelle

31. DATE FILED (Morith, Day, Year)
APR 05 '90

Carrie Cato

Greenbelt, Md. 20770

Maryland National Memorial Pk Laurel, Md.

4217 9th Street, N. W.

Washington, D. C. 20011

Advanced Prostate Cancer

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF H	IEALIN AND	MENIAL	HYGIENE
REGISTRAR CERTIFICATE OF	DEATH		REG. NO.

	1 - STATE STATE C		ICATE OF	DEATH		EG. NO.					
	1. DECEDENT'S NAME (First, Middle, Lest)				2. DATE OF I	DEATN			3. TIME OF DE	ATN	
	FAY ELIZABETH	RI	PPERT		April	9 DAY	1990	YEAR	8:25	Р. м	
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. Ia		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF E	BIRTN	7		LACE (State or		
	578-16-1347 1 M 2 WF	YRS.	MONTHS DAYS	HOURS MIN.	(Month, De			Country)			
	9a. FACILITY NAME (If not institution, give street and number)		9b. CITY, TOWN	OR LOCATION OF DE		12-1	9c. COUN	MD TY OF DEA	ATH		
æ	Memorial Hospital & Medical Cen	ter	Cumbe	rland			A11	egany	7		
DIRECTOR	RESIDENCE OF DECEDENT	rer	Cumbe	Lianu			VIII	egany	/		
H	10a. STATE 10b. COUNTY	10c. CIT	Y, TOWN OR LOCA					1	IOd. INSIDE CI	TY	
	MD ALLEGANY		CUM	BERLAND	)				YES 2	100	
¥.	10e. STREET AND NUMBER		10	f. ZIP CODE		1	10g. CITIZ	EN OF WHUSA	IAT COUNTRY	7	
剪	215 Glenn Street			21502							
FUNERAL	11. MARITAL STATUS  1 □ Never Married 2 □ Married  1 □ Never Married 2 □ Married  12. WAS DECEDENT EVER IN U.S. A, FORCES? 1 □ YES 2 □ IF YES, GIVE WAR OR DATES		It yes, s	CENOENT OF HISPAN pecify Cuban, Mexice S 2 NO Specify	n, Puarto Ricar				dien,		
ВУ	3 Widowed 4 Divorced				<b>,</b>					ite	
COMPLETED			USUAL OCCUPATE	16b. KIN	D OF BUSIN	ESS/IND	JSTRY				
9	Elamentary/Secondary (0-12) College (1-4 or 5 +)	a. Do NOT us		_	,						
MP		orme	r empl	· -		ept.		ore			
8	17. FATNER'S NAME (First, Middle, Last)			18. MOTHER'S NA							
BE	DAVID STODDART				LLA T					$\overline{}$	
6	The state of the s			and Number or Rural		City or Town,	State, Zip	Code)		- 1	
	NELL S. WINDEMUTH CUMBERLAND, MD 21502										
	20a. METHOD OF DISPOSITION   20b. PLACE OF DISPOSITION (Name of comettery, crematory or other place)   20b. PLACE OF DISPOSITION (Name of comettery, crematory or other place)   20b. PLACE OF DISPOSITION (Name of comettery, crematory or other place)   20b. Donation - City or Town, other place)   St. Lukes Cemetery   Cumberland   21. SIGNATURE OF UNERAL SERVICE LICENSEE   22. NAME OF COMETA   22. NAME OF										
		1.		berland				=		- 1	
	Jones T Jeapel	h			·						
	23. PART I. Exter the diseases, or complications that vaused that chock, or heart failure. List only one cause on each lin IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSE	AR	REST		n de cardiac	Ol Touphu				Between and Death	
CERTIFICATION	Sequentially list conditions, it any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  b. HYPERRALEMIA  DUE TO (OR AS A CONSEQUENCE OF):  A CUTE RENAL FAILURE  OUE TO (OR AS A CONSEQUENCE OF):  d.										
	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED?									Y FINDINGS OR TO	
PHYSICIAN: MEDICAL					1	YES 2	1		COMPLETION OF OEATH?		
ME									1   YES 2	] NO	
ä											
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		26. F	PLACE OF OEATN (Ch	neck only one)						
YSI	1 VES 2 10 1 inpatient 2 ER/Outpatient		4 - Nursing Ho	me 5 🗆 Rasidenca	8 Other (Sp	pecify)					
	27. MANNER OF DEATN  1 Netural 5 Pending (Month, Day, Year)  2 Accident Investigation	28b. TIN	JURY W	JURY AT ORK? YES 2 NO	28d. DESCRI	BE HOW INJ	JURY OCC	URED			
COMPLETED BY	2 Accident Investigation 3 Suicida 8 Could not be detarmined 28a. PLACE OF INJURY — At h building, atc. (Specify)	ome, tarm,	street, factory, off	ca	28f. LOCATIO	ON (Street and own, State)	d Number	or Rurai Ro	oute Number,		
Ë	29a. CERTIFIER (Chapterity) (Chapterity)	leath necur	ed at the time day	a and place, and du	to the causel	a) and mann	or an atat	nd .			
(Check only)  2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and memor as stated.										a stated.	
	296. SIGNATURE AND TITLE OF CERTIFIER	1		29c. LICENSE NU	WBER	1	29d. DATE	SIGNEO (	Month, Day, Ye	ar)	
BE	Cher III	•		1)10	035		D 4	1/10	0/90		
2	30. RAME AND ACCRESS OF PERSON IN 10 COMPLETED CAUSE OF DEATH (IT	EM 27) (Type	, Print)	1 // 0	V - 27			/	1.10		
	Dr. Amado Torres Memorial Hospi	+-1 1	foddaa1	Day 1 1 4 4 4 4	Comb		J 14	יוני ח	502	- 1	
	A DATE FILED (Month Day 1967)  32. REGISTRAF'S SIGNATURE	I AL N	en traj	milaing	- caimbe	-LIAN(	u, M	u / I ·	/		

RYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	FOR 1 - STATE REGISTRAR	STATE OF MAR		/ DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO.									
,	DECEDENT'S NAME (First, Middle, Last)     WILMER	D.			USH		2. DATE OF MONTH March	DAY		AR	2:30 A. M		
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. lest birt			IF UNDER 24 HRS.	7. DATE OF		0. 6	HRTHPLAC	CE (State or Foreign		
	186-30- 6131  9e. FACILITY NAME (If not institution, give s	1 M 2 F		rrs. MONTHS	DAYS	HOURS MIN.	Apri.	Day, Year)	1923 D	erry	Pa Township		
TOR	5930 Moser Road			Во	onsbo	oro			Washington				
DIRECTOR	100. STATE 106. COUNT Maryland Wash	ington		Boonsb		ION					. INSIDE CITY LIMITS? YES 2XXNO		
	10e. STREET AND NUMBER	ingcon		DOOLISE	_	ZIP CODE			10g. CITIZEN				
8	5930 Moser Road					21713			U. S	Δ			
BY FUNERAL	11. MARITAL STATUS  1 Never Merried 2 Married  3 W Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 [] IF YES, OIVE WAR	YES 2 NO	1	If yea, apo	ENDENT OF HISPAN ocity Cuban, Mexican 2 NO Specify	n, Puerto Ric			American Indian, lite, atc.			
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (9-12)		during mo	N et of working	16b. K	INESS/INDUST	RY						
2	12	College (I-4 of 6 +)	Far	mer			١,	Farmi	na				
NO.	17. FATHER'S NAME (First, Middle, Last)		rai	IIICL		16. MOTHER'S NA							
	Mahlon W. Roush	h Theresa Cook											
BE	19a, INFORMANT'S NAME (Type/Print)		19b, M	AILINO ADDRES	S (Street a	nd Number or Rural F			, State, Zip Cod	ie)			
2	Carol A. Roush	5930 Mo						713					
	20e. METHOD OF DISPOSITION	, J930 MO	1			netery, cremetory or	21		CATION — City	or Town.	State		
	1 Burlel 2 Cremation 3 From	Removal from Stata other place)							ry Tow				
	21. SIGNATURE OF FUNERAL SERVICELL	CENSEE A	ISC. Pat			ID ADDRESS OF FA	CILITY						
	John H. Bast,	910- 111.		ВА	ST F	UNERAL H	70 OME, <sub>B</sub>	606 Bo	oonsbo	ro P	ike 1713		
	23. PART I. Enter the diseases, or										Approximate		
d	shock, or heart failure.  IMMEDIATE CAUSE (Finel disease or condition		. / .	Mel	ana	ma				j	Interval Between Onset and Death  Out our		
	reaulting in death)	a. Melastata Melanoma  DUE TO (OR AS A CONSEQUENCE OF):									ONCHOWN		
ATION	Sequentially list conditions, If any, leading to immediata cause. Enter UNDERLYING												
CERTIFICATION	CAUSE (Disease or injury that initiated eventa resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF):											
ALC	PART II. Other significant condition	na contributing to da	ath but not read	liting in the u	ndariyin	g cause given in	Part I. :	24s. WAS AN		24b. WERE AUTOPSY FINDINGS			
2								PERFOR		CO	MPLETION OF CAUSE		
PHYSICIAN: MEDIC							_		7		DEATH?		
AN	25. WAS CASE REFERRED TO MEDICAL				26, PI	ACE OF DEATH (Ch	eck only one	)					
SIC	EXAMINER?	HOSPITAL:	R/Outpatient 3 🗆	DOA 4 1 No		e 5 Aneldence	6 COther	(Specify)					
	27. MANNER OF BEATH  1 Natural 6 Pending	28e. DATE OF IN. (Month, Day,	JURY 2 Year)	6b. TIME OF INJURY	28c. IN.	URY AT			NJURY OCCUR	ED			
ED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28a. PLACE OF II	NJURY - At home	farm, street, fe				TION (Street of Town, State)	and Number or	Rural Route	e Number,		
COMPLET	CONSCINUTE AND ADDRESS OF THE PARTY OF THE P	SICIAN: To the best of my								nuse(a) en	d manner ex stated.		
BE C	29b. SIGNATURE AND TITLE OF CERTIFIE	LE OF CERTIFIER				29c. LICENSE NUI	_	29d. DATE SIGNED (Month, Day, Year)  3,29,90.					
0	30. NAME AND ADDRESS OF PERSON W	O COMPLETED CAUSE			7 77-7-	e, Hagers				01	. ,		
	Mary E. Money 31. DATE FILED (Month, Day, Year) MAR 29 '90	32, REGISTRAR'S			T WAG	, nagers	- COWII,	, 140.	21/40				
	MHN 27 30	June villy	woon - Mendon	بالل							DHMH-16 Rev 1/89		

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46	ith certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	be detached for use as the burial-transit permit.	
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3-	thend	9 38	
20	9	L US	
7	ta	9	
S	hosp	tachec	800
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Z	9	Q p	70
BALTIMORE, MARYLAND 21203-3146	etaine	shou	or other traumatic event the medical examiner must be notified at once
2	20	96	9
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Ž	Page	al dire	ner
ALT	death.	funer	mex
0	after	lending physician and completely filled in by the Mydiene prior to burial, cremation, or removal.	inal a
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STATE OF	MARYLAND / DEPARTMENT OF	HEALTH AND	MENTAL	HYGIEN
	CERTIFICATE O	F DEATH		REG. NO

Salar Speed

	1 - FOR STATE OF REGISTRAR	MARYLAND / DEPART	MENT OF HEALTH AN	D MENTAL HYGIEN							
	1. DECEDENT'S NAME (First, Middle, Lest)  MARY ELVIE RUSSELL			2. DATE OF DEATH	DAY YEAR	3. TIME OF DEATH 5:45 A.M.M					
	4. SOCIAL SECURITY NUMBER  215-54-6425  9a. FACILITY NAME (# not institution, give street and number)	F 86 YRS.	IF UNDER 1 YEAR IF UNDER 24 HR IONTHS DAYS HOURS MIN 9b. CITY, TOWN OR LOCATION OF	s. 7. DATE OF BIRTH (Month, Day, Year)  JAN. 22, 1	8. Bit Co	RTHPLACE (State or Foreign unitry) MD.					
TOR	ST. MARY'S NURSING CENT		LEONARDTOWN		ST. MARY'S CO.						
DIRECTOR	10e. STATE 10b. COUNTY MD. ST. MARY'S		TOWN OR LOCATION TECHANICSVILLE			10d. INSIDE CITY LIMITS? 1 YES 2 X NO					
	10e. STREET AND NUMBER		101. ZIP CODE		10g. CITIZEN OF WHAT COUNTRY?						
BY FUNERAL	1 Never Married 2 Married FORCES?	ROAD DENT EVER IN U.S. ARMED 1 YES 2 XNO E WAR OR DATES	2065  13. WAS DECENDENT OF HIS If yes, specify Cuben, Ma 1  YES 2 XNO Sc	SPANIC ORIGIN? (Specify Yexicen, Puerto Ricen, etc.)	ne or No 14. R	U.S.A.  No- 14. RACE — American Indian, Black, White, etc.  Specify:  WHITE					
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  ETH . GRADE  College (1-4 or	We Do NOT use	rk done during most of working retired.)	186. KIND OF BUSINESS/INDUSTRY HOME							
	17. FATHER'S NAME (First, Middle, Last) PETER H. JOHNSON		NAME (First, Middle, Maidel A BURROUGHS								
TO BE	19e, INFORMANT'S NAME (Type/Print)	The state of the s	ADDRESS (Street and Number or Re	rel Route Number, City or To	wn, State, Zip Code,						
	ELVIE MAY SIMPSON 1130 OLD RT. 5, MECHANICSVILLE, MD. 20659  20a. METHOD OF DISPOSITION 1 State 2 Cremetton 3 Removal from State 3 Removal from										
	4 Donation 5 Other (Specify) ST. JOSEPHS CATHOLIC CEMETERY M ORGANZA, MD.  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY MATTINGLEY—GARDINER FUNERAL HOME, P.A. P.O. BOX 270, LEONARDTOWN, MD. 20650										
CERTIFICATION	23. PART . Enter the disease, or complications that ceueed the deeth. Do not enter the mode of dying, such as cardiec or respiratory errest, ahock, or heart fellure. Liet only one ceuse on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  OUE TO (OR AS A CONSEQUENCE OF):  OUE TO (OR AS A CONSEQUENCE OF):										
PHYSICIAN: MEDICAL C	PART II. Other aignificent conditions contributing	IN AUTOPSY DRMED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO								
ICIA	25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1 YES 2 NO 1 Ingestient		28. PLACE OF GEATH								
	27. MANNER OF DEATH 28s. DATE (Mont)	OF INJURY (A) 28b. TIME INJU	4. Nursing Home 5 Resider OF 28c. INJURY AT WORK? M 1 YES 2 100	28d. DESCRIBE HOW	INJURY OCCURE	° (					
TED BY	3 Suitelde 28e. PLAC	E OF INJURY — At home, farm, string, etc. (Specify)		281. LOCATION (Street and Number or Rural Route Number, City or Yown, State)							
COMPLETED	29a. CERTIFIER (Check only one)  2 MEDICAL EXAMPLE: To the beautiful one)					se(s) and manner as stated.					
BE CC	296. SIGNATURE AND TITLE OF CONTIFIER	. /	29c, LICENSE		29d. CATE SIGNED (Money, Drey, Hear)						
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED O	CAUSE OF DEATH (FREM 27) (Type. I	Print)	506	T . T	3 170					
	31. DATE FILED (Month, Day, Year) 32, REGIS	TAGE MEDICAL CE		CSVILLE, MI	20659						



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TO BE COMPLETED BY FUNERAL DIRECTOR

BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunkal-trained hier within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burlat, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - FOR STATE REGISTRAR		STATE OF MA		/ DEPAR					MENTAL	HYGIENE REG. NO.				
1. DECEDENT'S NAME (First,	Middle, Last)			10					2. DATE (			YEAR	3. TIME OF DEATH	
John		Ree	b						Marc		19	990	3:48PM M	
4. SOCIAL SECURITY NUMB		77.5	AGE (In yrs. I		IF UNDER 1		IF UNDER	24 HRS. MIN.	7. DATE 0 (Month,	Day, Year)		8. BIRTI Count	HPLACE (State or Foreign ry)	
216-03-2618		<b>X</b> M 2 □ F	83	YRS.						-07	MD 9c. COUNTY OF DEATH			
9a. FACILITY NAME (If not ins			•		9b. CITY,				EATH		9c. COU	INTY OF E		
KENT & OUCE		s Hospit	al			ster					Kent 10d, INSIDE CITY			
MD	Caroli	ine			v, town or derso		м						LIMITS?	
10e. STREET AND NUMBER	Caron			Inen	del sc	_	ZIP CODE	E		T	10g. CIT	IZEN OF	WHAT COUNTRY?	
Rt. Box 1							2164	0			U	SA		
11. MARITAL STATUS		EODOES? 15								(Specify Year	or No-	14. RAC	E — American Indian,	
1 Never Married									olfy:					
3 Wildowed 4 Divorced White										wnite				
	highest grade con			(Give kind at a lin. Do NOT u	work done di			g						
12			Er	ngine	ering	Dep	t.		Р	lavtex	Int	er.		
17. FATHER'S NAME (First, M.							18. MOTI	HER'S NA		liddle, Maiden S				
Robert Lee										itapoe				
19a. INFORMANT'S NAME (7)										er, City or Town,	3-31	ip Code)		
Gladys Mar			-	Kt. 1					. MD	21640		Oh. a. T	own, State	
X Burial 2 Cremetio	n 3 🗆 Remove	I from State		place)					. 141. 4					
4 Donation 5 Other (Specify) Greensboro Cemetery Greensboro MD  21. SIGNATURE OF, FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY Greensboro, MD 2163														
De 2000	2,1	de	d	Š	Fle	eale	-He	fenl	bein	Fn Hm	PO	o, M Bx	160	
23. PART I. Enter the di													Approximeta	
shock, or he IMMEDIATE CAUSE (Fin		t only one caus	e on each li	ne.									Onset and Death	
disease or condition resulting in death)	<b>+</b>		$\mathcal{C}$	150	U		,						2 yrs +	
,		DUE TO (	OR AS A CONS	SEQUENCE O	F):		1							
Sequentially list condit	ions, b.	DINE TO A	OR AS A CONS	EOHENCE O	E):									
If any, leading to immediate. Enter UNDERLY		502.10 (	on as a cons	ECOLIVOL (	T J.									
CAUSE (Disease or injute that initiated eventa	ry C.	DUE TO (	OR AS A CONS	SEQUENCE O	F):					-				
resulting in death) LAS	T d.													
PART II. Other significa	nt conditions	contributing to	Seath but no	t resulting	In the un	derlying	cause	given in	Part I.	24a. WAS AN		24	b. WERE AUTOPSY FINDINGS	
										PERFORI			AMAILABLE PRIOR TO COMPLETION OF CAUSE	
											×		OF DEATH?	
25. WAS CASE REFERRED T EXAMINER?		OSPITAL:	,		OTHER		CE OF D	EATH (C	heck only on	e)				
1 🗆 YES 2 X NO		☐ Inpetient 2	ER/Outpatient		4 🗆 Nurs	ing Home		esidence	8 🗆 Other					
27. MANNER OF DEATH  1 Netural 5	Pending	28e. DATE OF I (Month, De		28b. TN	JURY M	28c. INJU WOF	IRY AT IK? ES 2	7 110	28d. DES	CRIBE HOW IN	IJURY O	CCURED		
2 Accident	Investigation	28e. PLACE OF	INJURY - At	home, ferm.	street, facto		ES 2 [	_ NO	28f, LOC	ATION (Street a	nd Numb	er or Rural	Route Number,	
	Could not be determined		Ac. (Specify)	111111111111111111111111111111111111111						or Town, State)			# A.S.C. & SHORE 9	
29a. CERTIFIER 1 CERT	TIFYING PHYSICIA	UN: To the best of r	ny knowledon	death occur	red at the ti	me, date :	and place	, and du	e to the cau	rse(a) and man	ner ss #	ated.		
CHECK ONLY	the state of the s		and on sex										(a) and manner as stated.	
296. SIGNATURE AND TITLE	OF CERTIFIER	10	1	) /		П		ENSE NU					O (Month, Day, Year)	
X	in K	Kmi	14 1	V'			DI	23	45		• (	3-1	7- 70	
30. NAME AND ADDRESS O	F PERSON WHO	COMPLETED CAUS	E OF DEATH (T	TEM 27) (Typ	n, Print)									
31. DATE FILEO (Month, Day,		32. DEGISTRAI	'S SIGNATURE	E										
MAR 21'	90	Juna Do	widson-i	gandell										

permit. Pages 1, 2, 3 should

1 - STATE REGISTRAR	STATE OF MARYL		TMENT OF H		MENTAL	HYGIENI REG. NO.	E		
1. DECEDENT'S NAME (First, Middle, Last)  AX  E4	Max E. Sn DWARD	SNO	UFFE	ER	MONTH 4		š	40	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER  678-40-230)	5. SEX 5. AGE	(In yrs. lest birthday)	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.		Day, Year)	26	6. BIRTNP	
9a. FACILITY NAME (If not institution, give str	eet and number)		9b. CITY, TOWN	OR LOCATION OF DI				TY OF DE	
HOLY CROSS HOSA	The		Selvar	Sprin	9		Mon	Han	ony
RESIDENCE OF DECEDENT  10s. STATE  M.D.  M	190mery	10c. CIT	wen S	PRING					IOd. INSIDE CITY LIMITS? I YES 2XX NO
	0		10	I. ZIP CODE			10g. CITI	ZEN OF WH	IAT COUNTRY?
100. STREET AND NUMBER 14233 BARACISA  11. MARITAL STATUS  1 Never Married 2 Merried	ANU DRIVE			20904			Unit	ed S	tates
11. MARITAL STATUS  1 Never Merried 2 Merried  3 Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 X YES IF YES, OIVE WAR OR D	2 NO	If yes, sp	CENDENT OF HISPAI becity Cuben, Maxica S 2 NO Specif	nn, Puerto R		or No—	14. RACE - Black, Specify	American Indian, White, etc.
	ATION	16a, DECEDENT'S	USUAL OCCUPATI	ON	16b.	KIND OF BUS	SINESS/IND	USTRY	
15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)  17. FATHER'S NAME (First, Middle, Last)	College (1-4 or 5+)	(Give kind of a life. Do NOT us	vork done during m ne relired.) cant	ost of working		Furni	ture		
17. FATHER'S NAME (First, Middle, Last)				18. MOTNER'S NA	AME (First, M	liddle, Malden	Sumame)		
Charles Snouffe	r					ollin	,		
19a INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	and Number or Rural				Code)	
Anna P. Snouffer			Bradsha		Silv	er Sp			20904
20e. METHOD OF DISPOSITION  1 3 Buriel 2 Cremetton 3 Remo 4 Donation 5 Other (Specify)	ovel from State	other place) Pot ethodist	omac Un	ited				City or Tow Mar	yland
21. SIONATURE OF FUNERAL SERVICE LICE  Roburt Le	ensee	M00198	Rober	t A. Pum West Mon Ville, M	phrev	Funery Ave	ral H enue 0850-	Home/1	Rockville, Inc.
23. PART I. Enter the diseases, or c shock, or heert failure. I IMMEDIATE CAUSE (Finel disease or condition resulting in death)									Approximate Interval Betwee Onset and Deat
Sequentielly list conditions, if any, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS	CONSEQUENCE O	LeAusl Ulre	Kenor	iling	e 2°			
PART il. Other significent condition	a contributing to deeth	but not resulting	in the underlyli	ng cause given in	Part I.	24a. WAS AN PERFOR	RMED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NATO  27. MANNER OF DEATN  1 National 5 Panding			26. F	PLACE OF DEATH (C	heck only on	e)			
1 YES 2 NO	HOSPITAL:	tpetient 3 DOA	OTHER: 4  Nursing Ho	me 5 - Residence	6 🗆 Other	r (Specify)			
	28a. DATE OF INJURY (Month, Day, Year)	28b. TIN	JURY W	JURY AT ORK? YES 2 NO	25d. DES	CRIBE HOW I	NJURY OC	CURED	
2 Decident	28e. PLACE OF INJUR building, etc. (Spo	IY — At home, farm, ec/ly)	atreet, factory, offi	ica	28f. LOC.	ATION (Street or Town, State)	and Numbe	r or Rural Ro	oute Number,
anal anal	CIAN: To the best of my kno								and manner as stated.
296. SIGNATURE AND TITUE OF CERTIFIER	tenden Pl	Spicia		29c. LICENSE NU			29d. DAT	E SIGNED	(Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WIN		PEATH (ITEM 37) (Type	he Ave		luer	Smy	ne l	h	20510

IG

32. REGISTRAR'S SIGNATURE

31. DATE FILED (Month, Day, Year)

APR 05 90

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nit. Pages 1, 2, 3 should

1 - STATE REGISTRAR	STATE OF MARYLA		MENT OF H		MENTAL	HYGIEN REG. NO.			
1. DECEOENT'S NAME (First, Middle, Last)  Marie P.	Spear				MONTH	of OEATN D		YEAR	3. TIME OF OEATN 11:10 PM
4. SOCIAL SECURITY NUMBER	T	n yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	-	OF BIRTH		BIRTH	PLACE (State or Foreign
579-22-8726	1 □ M 2 双 F 9	3 YAS.	ONTHS DAYS	HOURS MIN.	Jan.	3, 18		Country	rgia
9e. FACILITY NAME (If not institution, give str				R LOCATION OF DE	EATN		9c. COUNT	Y OF OE	ATN
Wilson Health Car	re Center		Gaith	ersburg			Mont	gome	ery
RESIDENCE OF DECEDENT		10c CITY	TOWN OR LOCAT	ION					10d. INSIDE CITY
Maryland Mont	gomery		ithersb						LIMITS?
10e. STREET AND NUMBER	-gomery	1 04		ZIP CODE			I son CITIZE	EN OF W	HAT COUNTRY?
Wilson Health Car  RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY  Maryland  Mont  10a. STREET AND NUMBER  301 Russell Ave.  11. MARITAL BTATUS  1 Never Merried  2 Merried  3 Widowed 4 Divorced			1.00	2087	7				States
11. MARITAL BTATUS	12. WAS DECEDENT EVER IN	U.S. ARMED	13. WAS DEC	ENDENT OF NISPAN	NIC OBIGIN	12 (Specify Ver			- American Indian.
1 Never Merried 2 Merried	FORCES? 1 YES	2 X NO	If yes, spe	cify Cuban, Mexica 2 NO Specifi	n, Puerto F			Black Specif	, White, etc.
	IT TEG, GIVE VINN ON DA	(IES	1 1 123	Z LX NO Specify	у.			эрвсп	White
15. DECEDENT'B EDUC (Specify only highest grade of Elementary/Secondary (0-12)  8  17. FATHER'S NAME (First, Middle, Last)	ATION	160. OECEOENT'S U	SUAL OCCUPATION done during mo		16b.	. KINO OF BU	SINESS/INDU	STRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	Ille. Do NOT use	retired.)	it or working					
8		Superv	isor		R	etail	Depar	tmer	nt Store
17. FATHER'S NAME (First, Middle, Last)				16. MOTNER'S NA	ME (First, A	Middle, Maiden	Surname)		
Jesse Pate				Minni	e THe	omas			
19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street e	nd Number or Rural	Route Numb	ber, City or Tow	n, State, Zip C	Code)	
Eloise M. Carlse	en	1015	Baltim	ore Road	Ro	ckvill	e, Ma	ry1a	and 20851
20a. METHOD OF DISPOSITION	20b.	PLACE OF DISPOSE				_	CATION — C		
1 Buriel 2 Cremation 3 Remo		other place) corge Was	hington	Cemeter	·v	Ade	lphi.	Mai	cyland
21. SIGNATURE OF FUNERAL SERVICE LICE			22. NAME A	D ADDRESS OF FA	CILITY D	eVol F	unera	1 Но	ome
H-8/11			10	East Dee	r Pa	rk Dri	.ve		
23. PART I. Enter the diseases, or c				thersbur					Approximete
IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	DUE TO (OR AS A	CONSEQUENCE OF	ic pr	reen	-	-			Onset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF	ı:						
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF	:						
	a anatoliustina ta danti b		46 4 4		2	24a, WAS AM		1	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 XNO  27. MANNER OF OPATN	contributing to death b	at not resulting ii	the underlying	g cause given in		PERFO	RMED?	240.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ar has over persons in									
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	ACE OF DEATN (C)					
1 VES 2 XNO	1   Inpatient 2   ER/Outp	220		e 5 🗆 Residence					
27. MANNER OF CEATN  1 X Netural 8 Pending	(Month, Day, Year)	28b. TIME	JRY WO	RK?	28d. DES	SCRIBE NOW	INJURY OCCI	UREO	
2 Accident Investigation	24 24 25 25 14 4 15			ES 2 NO					
	28e. PLACE OF INJURY building, etc. (Spec	— A1 home, farm, at	reet, factory, offic			ATION (Street or Town, State		or Rural F	loute Number,
(onton only	CIAN: To the best of my know R: On the basis of examination								) and menner as stated.
296. SIGNATURE AND TITLE OF CERTIFIES	Tana	и	w	29g. LICENSE NU	MBER S	46	29d. DATE	SIGNED	(Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WING	O COMPLETED CAUSE OF OE			woc	ns	· (W	De	P	sell so
31. DATE FILED (Month, Day, Year) APR 1 0 90	32. REGISTRAR'S SIGN	ATURE Randoll							

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artificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be obtained to	92	or item 23 chaus any Injury or other traumatic event, the medical examiner must be notified at once
at	ta	9
19E	9	-
-	E	- 9

1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTME			MENTAL HYGIENI REG. NO.		
1. DECEDENT'S NAME (First Middle, Last)	limatawi				2. DATE OF DEATH MONTH DAY	YEAR	3. TIME OF DEATH 9:05 PM
Ernie Shil		(In yrs. lest birthday) IF U	INDER 1 YEAR   IF U	NDER 24 HRS.	7. DATE OF BIRTH	70 A BIE	THPLACE (State or Foreign
580-08-0122	1 □ M 2 X F 6.5	YRS. MONT	THS DAYS HOU	RS MIN.	(Month, Day, Year)	24 Ani	tiqua
90. FACILITY NAME (If not institution, give s  HESIDENCE OF DECEDENT	PRENTIST /	aspiral 1	CITY, TOWN OR LO	PAR.	K,	9c. COUNTY OF	V/BOMERY
10s. STATE 10b. COIIII	one	St. (	WN OR LOCATION				10d. INSIDE CITY 'IMITS? 1 /ES 2 NO
10e. STREET AND NUMBER			101. ZiP	CODE /		10g. CITIZEN O	F WHAT COUNTRY?
19 Estate G	lynn			00851		United	States
11. MARITAL STATUS  1 Never Merried 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	13. WAS DECENDE If yes, specify 1 YES 2	Cuben, Mexice	NC ORIGIN? (Specify Yae n, Puerto Rican, etc.) /:	BI	ACE — American Indian, ack, White, atc. sectly: Black
16. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5+)  16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)							,
	2	Secre			Church		
17. FATHER'S NAME (First, Middle, Last)			1		ME (First, Middle, Melden : y Browne	ourname)	
Jasper Ambrose  190, INFORMANT'S NAME (Type/Print)		19h MAII ING ADD			y browne  Route Number, City or Town	State Zin Codes	
Joseph C. Shil	lingford	Same a		or or nurel :	curriber, Gity or rown	., Jiew, Est (1008)	
20e. METHOD OF DISPOSITION	20	b. PLACE OF DISPOSITION		crematory or	20c. LO	CATION — City or	Town, StateU . S .
1 St Buriel 2 Cremation 3 Rem 4 Donation 5 Dother (Specify)	oval from State	other place) Kings Hill				- Illiant	ed, Virgin Isla
21. SIGNATURE OF PUREFUL SERVICE LA			10 Eas	oness of fa	Park Driv MAryland	uneral e	
IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentielly list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS DU	A CONSEQUENCE OF):  OF UTER!  A CONSEQUENCE OF):  PULLYON  A CONSEQUENCE OF):	IS/ME	77257) StYB	ATTO OLISIY-	ALSO	Onset and Death
PART II. Other algolificent condition	na contributing to death	but not resulting in th	e underlying car	se given in	Part i. 24a, WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL			28 DI ACE	OF OEATH (C)	not only one)		
EXAMINER?	HOSPITAL:		HER:				
27. MANNER OF DEATH  1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME OF INJURY	-	AT	6 Other (Specify)  28d. DESCRIBE HOW II	NJURY OCCURED	,
2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJUR building, etc. (Spe	Y — At home, farm, street	t, factory, office		26f. LOCATION (Street of City or Town, State)	and Number or Ru	ral Route Number,
one)	ICIAN: To the best of my known ER: On the basis of examination						se(e) end menner as stated.
296. SIGNATURE AND TITLE OF CERTIFIE  Vanuel L	Shang 1	T.D.	D.	LICENSE NU	MBER (MD)	29d. DATE SIGN	NED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CAUSE OF D						
Samuel L. Deshay	32. REGISTRAR'S SIG	NATURE	320 Ta	koma P	ark, Maryl	and 20	912
APR 1 0 '90	Julia Davidson	-Randoll					

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	JR /	JIRE JIRE	6
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	HOS	FE	N
	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page	be lined within 12 hours after used with the case copy, or regain any injury, or other traumatic event, the medical examiner must be
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APR 1 0 90

32 REGISTRAR'S SIGNATURE
Julia Davidson Randoll

	FOR STATE REGISTRAR		STATE OF MARY				IEALTH AND I	MENTAL HYGIEN REG. NO			
,	1. DECEOENT'S NAME (First,	Middle, Last)	Josephine	Solde	overe			2. DATE OF DEATH	G.	3. TIME OF DEATH  430/P	
	4. SOCIAL SECURITY NUMBE	ER		E (In yrs. last		JNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTN	8.1	BIRTHPLACE (State or Foreign	
1	126-28-3064		1 🗆 M 2 💢 F	81	YRS. MON	THS DAYS	HOURS MIN.		08 N	ew York	
DIRECTOR	Po tomac Potomac Potomac Residence of dec	Valley	Nursiing C	enter ENT	R Ro	CKVil	DR LOCATION OF DE	on of Death  So. COUNTY OF DEATH  MONTGOMERY			
ñ	10e. STATE	10b. COUNTY				WN OR LOCA	TION	•		10d. INSIDE CITY	
8	Maryland	Mont	tgomery		Rock	ville				1 YES 2 NO	
	10e. STREET AND NUMBER						t. ZIP COOE		10g. CITIZEN	OF WNAT COUNTRY?	
FUNERAL	17224 Found	ders Mi	ill Drive				2	0855	Unit	ed States	
ξ	11. MARITAL STATUS	1	12. WAS DECEDENT EVER	IN U.S. ARN	ED	13. WAS DE		IIC ORIGIN? (Spectfy Ye			
B≺	1 Never Merried 2 Merried  1 Never Merried 2 Merried  3 Wildowed 4 Divorced  FORCES? 1 YES, GIVE WAR OR			S 2√ N		If yes, sp		n, Puerto Rican, etc.)	RACE — American Indian, Black, White, etc. Specify: White		
	15, DECE	EDENT'S EDUC	ATION		EOENT'S USU			16b. KIND OF BU	ISINESS/INDUST	TRY	
	(Specify only Elementary/Secondary (0-	highest grade (	College (1-4 or 5+)	life.	e kind of work of Do NOT use ret	done during m ired.)	ost of working				
ā	11	,		Cle	rical	/ Secr	etarv	Offi	ce		
OMPLETED	17. FATNER'S NAME (First, Mis	iddle, Last)		, , , ,			· · · · · · · · · · · · · · · · · · ·	ME (First, Middle, Maider	-		
98.00	Joseph Orl							lina DiGre	,		
8	19a. INFORMANT'S NAME (Ty			105	MAIL INC. ADO	DECC (Otmot				del	
2	Frank Soldovere 17224 Founders Mill Drive, Rockville, MD								MD 20855		
	20s. METHOD OF DISPOSITION  1) Burlel 2 Cremation	ON n 3 🗆 Remo	ovat from State	ob. PLACE C	OF DISPOSITIO	N (Name of ce	metery, crematory or	1	OCATION — City		
	4 Donation 5 Other			Holy (	Cross (				ooklyn,	New York	
	21. SIGNATURE OF FUNERAL	L SERVICE LIC	ENSEE /				ND ADDRESS OF FA		7 77	11010	
	► Elle	n	U. Kay	PP				lli Funera			
	23. PART i. Enter the di		complications that cause List only one cause on		th. Do not e	enter the me	ode of dying, suc	h se cerdiec or resp	piratory srrest	Approximats interval Between	
	IMMEDIATE CAUSE (Fin		List Only One cause Of	doon inte.	1	5				Onset and Death	
	disease or condition resulting in deeth)	<b>→</b>	Dera	lee	tai	lley	•				
	resulting in destri)		DUE TO (OR AS	A CONSEC	UENCE OF):		0	,	1. 1	ARic	
z			Cheon	ic	leu	er	Cerrh	nes la	elegy	rthe	
⊴	Sequentially list conditi if any, leading to immed		DUE TO (OR AS	A CONSEO	UENCE OF):		-				
¥	cause. Enter UNDERLYI	NG									
프	CAUSE (Disease or inju- that initiated events	, ע	DUE TO (OR AS	A CONSEQ	UENCE OF):						
- 1	recuiting in death) LAS										
8		T .									
CERTIFICATION		T (	d								
	PART il. Other significe	nt condition				ne underlyli	ng ceuse given in			24b, WERE AUTOPSY FINDINGS	
A		nt condition		but not re		ne underlyir	ng ceuse given in	PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE	
A	PART il. Other significe	nt condition				ne underlyli	ng ceuse given in		RMED?	AMAILABLE PRIOR TO	
MEDICAL	PART il. Other significe	nt condition		gros		ne underlyin	ig ceuse given in	PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
MEDICAL	PART II. Other significe    Legar   Le	ent conditions lee le		gros	ag	i	ig ceuse given in	PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
MEDICAL	PART II. Other significe  Agra  Agra  25. WAS CASE REFERRED TO EXAMINER?	ent conditions lee le	facility and ;	ar	en on	26. F	LACE OF OBATN (C)	PERFO 1 YES	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
MEDICAL	PART II. Other significe    Legar   Le	ent conditions lee le	HOSPITAL: 1   Inpatient 2   ER/OL 280. DATE OF WIJUR	Car utpatient 3	DOA 4,	26. F THER: Murraing Hotel	LACE OF OEATN (Ch	PERFO 1 YES	PAMED?	AMALLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
PHYSICIAN: MEDICAL	PART II. Other eignifice    Comparison	ont conditions file & al al al al an Pending	HOSPITAL:	Car utpatient 3	en DOA OF	26. F  THER:  Mersing Ho:  28c. IN  W	LACE OF OEATN (Ch	PERFC 1 YES  eck only one)  6 Other (Specify)	PAMED?	AMALLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
BY PHYSICIAN: MEDICAL	PART II. Other significe  Legal  25. WAS CASE REFERRED TO EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 6 2 Accident	ent conditions for the second	HOSPITAL:  1   Inpatient 2   ER/Ox  (Month, Day, Year	CCP  utpetient 3	DOA ON ALE	26. F Mersing Hose  28c. IN  M 1	LACE OF OEATN (Ch	PERFO 1 YES  eck only one) 6 Other (Specify)  28d. DESCRIBE NOW	PMED? 2 I NO 2 I NO	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATHY  1  YES 2 NO	
ED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 6 2 Accident  3 Suicide 6 6	ont conditions file & al al al al an Pending	HOSPITAL: 1   Inpatient 2   ER/OL 280. DATE OF WIJUR	CCV utpetient 3 Y)	DOA ON ALE	26. F Mersing Hose  28c. IN  M 1	LACE OF OEATN (Ch	PERFC 1 YES  eck only one)  6 Other (Specify)	INJURY OCCUR	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATHY  1  YES 2 NO	
ED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 6   1 Accident 3 Suicide 6   4 Homicide	ont condition.  Con Condition.  Con Condition.  Pending Investigation.  Could not be	HOSPITAL: 1   Inpatient 2   ER/Ox  28e. DATE OF INJUR (Month, Day, Year)  28e. PLACE OF INJUR	CCV utpetient 3 Y)	DOA ON ALE	26. F Mersing Hose  28c. IN  M 1	LACE OF OEATN (Ch	PERFC 1 YES  1 YES  1 Other (Specify)  26d, DESCRIBE NOW  28f, LOCATION (Street	INJURY OCCUR	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATHY  1  YES 2 NO	
ED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  2 Accident  3 Suicide 6 4 Homicide  29e. CERTIFIER (Check only	ont condition.  Lee & Condition.  Description of the determined of the condition of the determined of the condition of the determined of the condition of the c	HOSPITAL:  1   Inpatient 2   ER/Ox  28e. DATE OF INJUR (Month, Day, Year  28a. PLACE OF INJUR building, etc. (S)	utpatient 3 YY)  RY — At horpocity)	DOA 4/2 20b. TIME OF INJURY	26. F  MER:  Marsing Ho.  28c. IN  W  1   1, factory, offi	LACE OF OEATN (Ch me 5  Residence JURY AT ORK? YES 2  NO ce e end place, end due	eck only one)  6 Other (Specify)  28d. DESCRIBE NOW  28f. LOCATION (Street City or Town, State) to the cause(e) end make the cause(e) and make the cause(e).	INJURY OCCUR	AMALLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO  PED  Rural Route Number,	
ED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  2 Accident  3 Suicide 6 4 Homicide  29e. CERTIFIER (Check only	ont condition.  Lee & Condition.  Description of the determined of the condition of the determined of the condition of the determined of the condition of the c	HOSPITAL:  1   Inpatient 2   ER/Ox  28e. DATE OF INJUR (Month, Day, Year  28a. PLACE OF INJUR building, etc. (S)	utpatient 3 YY)  RY — At horpocity)	DOA 4/2 20b. TIME OF INJURY	26. F  MER:  Marsing Ho.  28c. IN  W  1   1, factory, offi	LACE OF OEATN (Ch me 5  Residence JURY AT ORK? YES 2  NO ce e end place, end due	eck only one)  6 Other (Specify)  28d. DESCRIBE NOW  28f. LOCATION (Street City or Town, State) to the cause(e) end make the cause(e) and make the cause(e).	INJURY OCCUR	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATHY  1  YES 2 NO	
COMPLETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  2 Accident  3 Suicide 6 4 Homicide  29e. CERTIFIER (Check only	ent condition  Could not be determined  CEAL OF MEDICAL  Pending Investigation  Could not be determined	HOSPITAL:  1   Inpatient 2   ER/Ox  28a. DATE OF INJUR (Month, Day, Year)  28a. PLACE OF INJUR building, etc. (Sy	utpatient 3 YY)  RY — At horpocity)	DOA 4/2 20b. TIME OF INJURY	26. F  MER:  Marsing Ho.  28c. IN  W  1   1, factory, offi	LACE OF OEATN (Ch me 5  Residence JURY AT ORK? YES 2  NO ce e end place, end due	PERFO  1 YES  6 Other (Specify)  28d. DESCRIBE NOW  28f. LOCATION (Street City or Town, State)  to the cause(e) end material time, date end place, 6	INJURY OCCUR and Number or selections stated.	AMALLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO  PED  Rural Route Number,	
BE COMPLETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO EXAMINER?  1 YES 2 MO  27. MANNER OF DEATH  1 Matural 6   2 Accident  3 Suicide 6   4 Homicide  29e. CERTIFIER (Check only one) 2 MEDI	ont conditions  Conditions  Conditions  Conditions  Conditions  Conditions  Could not be determined  TIFYING PHYSIC  ICAL EXAMINE  COF CERTIFIEF	HOSPITAL:  1   Inpatient 2   ER/Ox  28a. DATE OF INJUR (Month, Day, Year)  28a. PLACE OF INJUR building, etc. (Sy	carv  utpetient 3  Y  Y  )  RY — At hose pecify)  owledge, de:	DOA 4/2 20b. TIME OF INJURY	26. F  MER:  Marsing Ho.  28c. IN  W  1   1, factory, offi	LACE OF DEATN (Chime 5	PERFO  1 YES  6 Other (Specify)  28d. DESCRIBE NOW  28f. LOCATION (Street City or Town, State)  to the cause(e) end material time, date end place, 6	INJURY OCCUR and Number or selections stated.	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  Rural Route Number,	
E COMPLETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO EXAMINER?  1 YES 2 MO  27. MANNER OF DEATH  1 Matural 6   2 Accident  3 Suicide 6   4 Homicide  29e. CERTIFIER (Check only one) 2 MEDI	ont condition.  Let let let let let let let let let let l	HOSPITAL:  1   Inpatient 2   ER/Or  28a. PLACE OF INJUI  28a. PLACE OF INJUI  building, etc. (Sy  CIAN: To the best of my knot  R: On the basis of examinat	utpatient 3 Y Y Owledge, der	DOA 4/2 28b. TIME OF INJURY with occurred at investigation, in	26. F HER:  Mersing Ho.  28c. IN.  M 1 1  t, factory, offi	LACE OF DEATN (Chime 5	PERFO  1 YES  6 Other (Specify)  28d. DESCRIBE NOW  28f. LOCATION (Street City or Town, State)  to the cause(e) end material time, date end place, 6	INJURY OCCUR and Number or selections stated.	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  Rural Route Number,	

	1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM			MENTAL HYGIENE REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) W	Villiam O. S	Smith			2. DATE OF DEATH DAY	90	3. TIME OF OEATH 245 P M	
	100 02571		yrs. lest birthdey) IF t.	THE DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) April 2,119	8. BIRTH Countr	"	
OB	90. FACILITY NAME (If not institution, give street HULY C. RUSS 1-1C		9b. 5	ILVER	OWN OR LOCATION OF DEATH  SC. COUNTY OF DEATH  MENT				
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY  M  M	021.		WN OR LOCATI	ON		10d. INSIDE CITY LIMITS? 1 VES 2 \( \square\) NO		
	10. STREET AND NUMBER		3/	101.	ZIP CODE	0 "		VHAT COUNTRY?	
BY FUNERAL		P. WAS DECEDENT EVER IN FORCES? 1 X YES IF YES, GIVE WAR OR DA	2 NO	If yes, spe	NOENT OF HISPANI	IC ORIGIN? (Specify Yas or I, Puerto Rican, etc.)	No- 14. RACI	E — American Indian, k, White, atc.	
	15. DECEOENT'S EOUCATI (Specify only highest grade con	ION npleted) College (1-4 or 5 +)	16a. OECEDENT'S USU/ (Give kind of work of life. Do NOT use reti	fone during mos		16b. KINO OF BUSINE	ESS/INDUSTRY	Smert	
COMPLETED	7 Z	4	Electri	cian	18 MOTHER'S NAS	Public U			
BE CO	William E. Smith				Edna He	rbert			
2	David L. Smith					oute Number, City or Town, S venue Washi		D.C. 20003	
	20s. METHOD OF DISPOSITION Burlal 2 XIX Cremation 3 Removal Conation 5 Other (Specify)	I from State	PLACE OF DISPOSITION other place)  J. William				rion — City or To ington,		
	21. SECULIVINE OF PURCHAL SERVICE LICENT	3oll-	_	McGui					
	23. FART I. Enter the diseases, or com shock, or heart failure. List	iplications that caused t only one cause on ea	the death. Do not a nch line.					Approximata interval Between	
	iMMEDIATE CAUSE (Final disease or condition resulting in death)	Se, Zure	CONSEQUENCE OF):	DINC	Arr	es t		Onset and Death	
NOI	Sequentially list conditions, if any, leading to immediate	Renal OUE TO (OR AS A	DIS ecis	e -	tran	splant			
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	OUE TO (OR AS A	CONSEQUENCE OF):	40	Arres	1 due			
CERT	resulting in death) LAST	complie		C 1) !		of Surje	Ry		
PHYSICIAN: MEDICAL	PART II. Other significent conditions o	ontributing to death be	ut not resulting in th	e underlying	cause given in i	Part I. 24a. WAS AN AU PERFORME  1 VES 2	07	D. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
IAN:	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (Che	ock only one)			
HASIC		OSPITAL: Inpatient 2 ER/Outp			5 Residence	6 Other (Specify)  28d. OE\$CRIBE HOW INJU	IIDV OCCUBEO		
BY PI	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY	M 1 🗆 Y	RK?				
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Speci	— At home, farm, street	l, factory, office		281. LOCATION (Street and City or Town, State)	Number or Rural	Route Number,	
COMPLETED	anal .	N: To the best of my knowl On the basis of examination						s) and manner as stated.	
TO BE	290. SIGNATURE AND TITLE OF CERTIFIER	ouci.	ero		0 1 9	924	DATE SIGNED	3 -46	
	30. NAME AND ADDRESS OF PERSON WHO CLAWCELL	01 (	eu H		Cvoss	Hospdul	S, 1	ver Spring no	
	L1 - 3 APR 05 '90		vidson-Randal	2					

3 Suicide

4 Homicide

DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
DIVISION OF	THE HOSPITAL OR ATTENDING PHYSICI	THE FUNERAL DIRECTOR: After this cert filed within 72 hours after death with the	PORTANT: If item 28 is marked, o	
	TO THE	THE De filed	IMPOR	

BY

BE COMPLETED

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	FOR 1 STATE	STATE OF M	IARYLAND /						MENTAL HY	GIENE	9	U	1 1	4/4
	REGISTRAR  1. DECEDENT'S NAME (First, Middle, Last)	EMI	LY		ICATI		DEA	ГН	2. DATE OF DEA	ATH DAY	á n		ME OF DE	ATH OAM
	4. SOCIAL SECURITY NUMBER 578-12-0550	5. SEX 1 M 2 K F	6. AGE (In yrs. les	t birthday) 7 YRS.	MONTHS	DAYS	IF UNDER	MIN.	7. DATE OF BIR (Month, Day, ) March 2	TH (ber)	Co	IRTHPLACE ountry) ashir		Foreign
HOT	9a. FACILITY NAME (If not institution, give st Hill Haven Nursing RESIDENCE OF DECEDENT					Adel	phi	ON OF DI	EATH	Prince Geo:			rges	
DIRECTOR	Maryland Prince	ce George	es.		ry, town	nsto	n					1 🗆	INSIDE CI LIMITS? YES 2	NO D
FUNERAL	100. STREET AND NUMBER  4803 Gallatin St.  11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AR	MED	13.			781	NIC ORIGIN? (Spec		U.S.			
ВУ	1 Never Married 2 Married   FORCES? 1 YES 2 NO If yes, specify Cuban, Maxican, Pu 1 YES 2 NO Specify:							an, Puerto Rican, a			Black, Whit Specify:		on.	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	ilve kind of . Do NOT L	ty Manager  Real Estate Industry											
BE COM	17. FATHER'S NAME (First, Middle, Last)  Traulgott Schmit	idt	1.10		, riei		16. MOT		AME (First, Middle, a Voge:	Malden Surna		iddSt	1 y	
TO B	Emily Thomas	Ga:	llat	in S	t. E	Route Number, City	n, MD	. 207	81					
	20a, METHOD OF DISPOSITION  1 W Burlel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	lece)	SITION (N				etery C		tland	, MD				
	23. PART I. Enter the decasea, or o	omplications the	llac	Ly Do					helm, Ind	c. S		ind,		20746
	shock, or bleert fellure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one csu	U OMA	n.			as of dy	my, suc	an es cerulec of	Тезриато			Interval	Between and Death
ATION	Sequentielly list conditions, if any, leeding to immediata cause. Enter UNDERLYING	b. DUE TO	(OR AS A CONSE	OUENCE (	OF):									
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSE	OUENCE (	OF):								***	
PHYSICIAN: MEDICAL C	PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I.  DIAGETES MIDLITUS  ORGANIC BRAIN SYNISIOME								Part I. 24a. WAS AN AUTOPSY PERFORMED?  1  YES 2 NO			E AUTOPSY ABLE PRI PLETION O EATH? YES 2 [	F CAUSE	
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:	☐ ER/Outpatient 3	B 🗆 DOA	Nu Nu				heck only one)  6   Other (Spec	olfy)				
PHY	27. MANNER OF DEATH	28a. DATE OF (Month, D		26b. Ti		28c. IN.	JURY AT	7.00	28d. DESCRIBE		RY OCCURE	ED		

28a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 1 YES 2 NO 2 Accident

28e. PLACE OF INJURY — At home, ferm, street, factory, office building, stc. (Specify)

29a. CERTIFIER (Check any one) A CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and piece, and due to the cause(a) and manner as stated, and the course of the cause (b) and manner as stated, and the course of the time, data and piece, and due to the cause (c) and manner as stated, and the course of the cause (c) and manner as stated, and the course of the cause (c) and manner as stated, and the course of the cause (c) and manner as stated, and the course of the cause (c) and manner as stated, and the course of the cause (c) and manner as stated, and the course of the cause (c) and manner as stated, and the course of the cause (c) and manner as stated, and the cause (c) and manner as stated, and the course of the cause (c) and manner as stated, and the course of the cause (c) and manner as stated, and the course of the cause (c) and manner as stated, and the course of the cause (c) and manner as stated, and the course of the cause (c) and the cause (c)

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29b. BIOMAN WIE AND TITLE OF CERTIFIER		· and	29c. LICENSE NUMBER	29d. DATE SIGNED (Month, Day, Year)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 6 New Hampshine Ave Silver Spring 32. REGISTRAR'S SIGNATURE

APR 05 90 APR a Laurdson-Randall

6 Could not be determined

281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

	-	7.2	=
6,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely if the filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, th
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	tha	D 4	5
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(		. 2. Stopper	
BALTIMORE, MARYLAND 21203-3146	quires that the death certificate be executed within 2 curs after death. Page 6 may be retained by the hospital or attending physician.	n signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 strength and Mental Hygiene prior to burial, cremation, or removal.	dical examiner must be notified at once.
ECORDS, P.O. BOX 13146,	that the death certificate be executed within zerours	d by the attending physician and completely filled in to and Mental Hygiene prior to burial, cremation, or re-	owe any Injury or other traumatic event, the medical examiner must be notified at once.
	quires	n sign	Owne

STATE	0F	MARYLAND	DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIENE
		C	ERTIFICATE	0	F DEAT	·H		REG. NO.

1 - STATE REGISTRAR	STATE OF MARYLAN	D / DEPARTMENT		MENTAL HYGIEN				
1. DECEDENT'S NAME (First, Middle, Last)	Florence Mar			2. DATE OF DEATH DO	13 90	3. TIME OF DEATH 9:58 AM		
4. SOCIAL SECURITY NUMBER  189-14-6374  98. FACILITY NAME (If not institution, give s  Route 1	1 □ M 2 X X 84		TOWN OR LOCATION OF DE Grantsville		Cour	enna. DEATH		
RESIDENCE OF DECEDENT  100. STATE  Maryland	Garrett	18c. CITY, TOWN O	R LOCATION	ntsville	Gall	10d. INSIDE CITY LIMITS? 1 YES 2 NO		
	Box 305)		101. ZIP COOE 215:			WHAT COUNTRY? USA		
11. MARITAL STATUS 1 Never Merried 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN U. FORCES? 1 YES IF YES, GIVE WAR OR DATE	2. NO I	MAS DECENDENT OF HISPAN 1 yes, specify Cuben, Mexica 1 YES 2 NO Specify	Bla Spe	CE — American Indian, ck, White, etc. city: 11te			
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION 16 completed) College (1-4 or 5 +)	Se. DECEDENT'S USUAL OC (Give kind of work done of life. Do NOT use retired.)  Seamstr	during most of working		rt Fac	tory		
17. FATHER'S NAME (First, Middle, Last)  David	Michael Kenn	ıedy	16. MOTHER'S NA Ade J	AME (First, Middle, Meiden La Mae Ga	sumeme)			
19a. INFORMANT'S NAME (Type/Print) Leone Uphold		P.O. Box	(Street and Number or Rural 305, Gran	ntsville,	MD 2:	1536		
20e. METHOD OF DISPOSITION  1 □ Surial 2 □ Cremetion 3 □ Rem  4 □ Donation 5 □ Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LI	noval from State	Mt. Calv	me of cometery, cromatory or  ary Cemete  NAME AND ADDRESS OF FA	erv Mor	gantow	D. WV		
23. PART I. Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	complications that caused it.  List only one cause on accident the cause of the cause on accident the cause of the cause o	Failure	tha moda of dying, suc		olratory arrest,	Approximata Interval Between Onset and Death		
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  BUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):								
PART II. Other algorificant condition	Artuy	not resulting in the un		Part I. 24a. WAS AI PERFO	RMED?	Ab. WERE AUTOPSY FINDINGS ARAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1   Inpatient 2   ER/Outpate	fent 3 DOA 4 Nur	26. PLACE OF OEATH (CI R: sing Home 5 K Residence					
27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK?  1 YES 2 NO	28d. DEŞCRIBE HOW				
3 Suicide 6 Could not be 4 Homicide determined	building, atc. (Specify			281. LOCATION (Street City or Town, State	9)	ii rioute Number,		
one) 2 MEDICAL EXAMIN	SICIAN: To the best of my knowled ER: On the basis of examination		opinion, death occured at the	e time, data and place, s	and due to the caus			
29b. SIGNATURE AND TITLE OF CERTIFIE	120	H (ITEM 27) (Type, Print)	29c. LICENSE NU	JMBER 4079		ED (Month, Day, Year)		
ames E. Beitzel  31. DATE FILEO (Month, Day, New)  APR 1 7 1990	, M.D., PO Box		Miller Stree	t, Grantsv	ville, MI	21536		

מינים ליינים אינים היינים אינים היינים אינים היינים אינים היינים	e executed within 24 nours after death. Page 6 may be retained by the hospital or attending	an and completely filled in by the funeral director, page 5 should be detached for use as the r to burial, cremation, or removal.
DIVISION OF VIOLE PECCHES, T.C. BOX 1213,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

												20	11410
_	1 - STATE REGISTRAR		STATE OF M		/ DEPAI					MENTAL HYGIEN REG. NO.			
	1. DECEDENT'S NAME (First, Middle									2. DATE OF DEATH DA	NA	YEAR	TIME OF DEATH
1		ing		Α.		ith,		T		4-8-90			12:27PM M
	4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (In yrs.	iast birthday) YRS.	IF UNDER	DAYS	IF UNDER	MIN.	7. DATE OF BIRTH (Month, Day, Year)		6. BIRTHPL Country)	ACE (State or Foreign
1	218-38-013			4	7	Oh CITY	TOWN (	OR LOCATI	ON OF DE	05-14-		TY OF DEA	
<u>ا</u> ا	Memorial Hos	pita						erla		Alli			County
E	RESIDENCE OF DECEDE  10e. STATE 10b.	COUNTY			10c. CITY, TOWN OR LOCATION						10	Od. INSIDE CITY	
DIRECTOR	MD	Gá	arrett				Fin						LIMITS?
	10e. STREET AND NUMBER						10	. ZIP COD			10g. CITI	ZEN OF WH	AT COUNTRY?
FUNERAL	Route 2	Box	480					215	32			USA	
Į.	11. MARITAL STATUS  1 Never Merried 2 Merri		12. WAS DECEDEN	T EVER IN U.S.	ARMED NO					IIC ORIGIN? (Specify Yearn, Puerto Rican, etc.)	or No-	14. RACE - Black, V	- American Indien, White, etc.
BY	3 Widowed 4 Divorced	••	IF YES, GIVE V	WAR OR DATES				2 NO				Specify:	1. 2.1
	15. DECEDEN	T'S EDUC	ATION	iet N	DECEDENT'S					18b. KIND OF BU	SINESS/IND	USTRY	white
H.	(Specify only higher Eternentary/Secondary (0-12)	est grade :	Cottlege (1-4 or 5	+)	(Give kind of life. Do NOT o	work done isa retired.)	during mo	al of worki	ng				
ر الق	12		155-56		emple	waa				Amer	ican	Mat	ional Ca
COMPLETED	17. FATNER'S NAME (First, Middle,	Last)						16. MOT	NER'S NA	ME (First, Middle, Maiden	Sumeme)		201102 00
6 141	Loring A		nith, S	r						y Louise			
TO B	19e. INFORMANT'S NAME (Type/Pr	rint)			19b. MAILIN	G ADDRES	S (Street	and Numbe	r or Rural I	Toute Number, City or Tow	n, State, Zip	Code)	
3	Constance J	·C	Smith	20h BL 4	CE OF OISPO						MD	City or Town	State
	1 Burlet 2 Cremation 3 4 Donetion 8 Other (Spec		oval from State		r place)								
	21. SIGNATURE OF FUNERAL SER		ENSEE	Roc	ky G	1P V	ete NAME A	rane	SS OF FA	metery Funeral		Flin	tstone,
	<b>▶</b> (//2000 and	w	7 1/20		1/-		SC	arpe	111	Funeral	Hom	е	
	23. PART I Enter the diseases, or complications that course the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, Approximate												
	f shock, or heart fallure. List only one cause on each line.												
2	disease or condition	disease or condition Arteriosclerotic cardiovascular disease											
ATION	resulting in death)			(OR AS A CON		-				20000			+
Z	Sequentially list conditions,		λ										
Ĭ	if any, leading to immediate cause. Enter UNDERLYING		DUE TO	(OR AS A CON	SEQUENCE (	OF):							
TIFIC	CAUSE (Disease or injury that initiated events	4	DUE TO	(OR AS A CON	SEQUENCE (	OF):							1
CERTIFICATION	resulting in death) LAST	1.											
CE	DARK # Out I Iff											1	
N N	PART ii. Other significant co	ondition	s contributing to	death but n	ot resulting	in the u	ndariyin	g cause	givan in	Part I. 24a, WAS AN		A	VERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE
: MEDICAL										XXX YES	NO □	0	F DEATH?
Σ												1 **4	YES 2 NO
AN	25. WAS CASE REFERRED TO ME	DICAL					28. P	LACE OF I	DEATN (Ch	eck only one)			· · · · · · · · · · · · · · · · · · ·
YSICI	EXAMINER?		HOSPITAL:	₹R/Outpatien	3 🗆 DOA	OTHE 4   Nu		na 5 🗆 R	eeldence	8 Other (Specify)			
PHYSICIAN:	27. MANNER OF DEATN	2017	28e. DATE DI (Month, I	HUJURY Day, Year)	28b. TI	ME OF	28c. IN.	JURY AT		28d. DESCRIBE NOW	INJURY OC	CURED	
D BY PH	2 Accident 5 Pend	ing tigation				М		YES 2	NO				
3 12	3 Suicide 8 Could 4 Nomicide determ	d not be mined	28e. PLACE ( building	OF INJURY — A , etc. (Specify)	t home, farm	, street, fac	tory, offic	00		281. LOCATION (Street City or Town, State	end Number )	or Rural Ro	ute Number,
D BE COMPLET	29e. CERTIFIER (Check only	IG PHYSI	CIAN: To the best o	f my knowledge	, death occu	rred at the	time, date	and place	e, end due	to the cause(s) and me	nner se stat	led.	
. S	000)	EXAMINE	R: On the besie of	examination end	/or investigat	lon, in my	opinion,	death occu	red at the	time, date end piece, e	nd due to th	e ceuse(e)	end manner ee stated.
S U	29 JOHATURE AND TITLE OF	Series de	M		- 1	1		29c. LIC	ENSE NU	<b>МВЕЯ</b>	29d. DAT	E SIGNED (	forth, Day, Year)
D BE	wens 7	- (	120VA	M	M	1.		07 53	OCME	4	•	4-9-	-90
2	30. NAME AND ADDRESS OF PER	SON WN	OCOMPLETED CAL	SE OF PEATH	TTEM \$7) (Typ	e, Print)							
	MARIO F. GOLL	E, 3		V		111	Pen	n St	reet	,Baltimore	,MD 2	21201	
	31. DATE FILED (Month, Day, Year) APR 1 1 19	90	32. REGISTR	AR'S SIGNATUR									
	11 11 12	JU	yes or where	201/0-1- Just	COL								

DNMH-18 Rev 1/89

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed withink urs after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache to filled within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
in Jurs afte	ly filled in by the atton, or remove	the medical
cate be executed within	physician and completel e prior to burfal, crema	er traumatic event,
 that the death certifi	ed by the attending I	any Injury, or oth
N: The law requires	ficate has been significate Dept. of Healt	Item 23 shows
 TENDING PHYSICIA	IDR; After this certif	8 is marked, or
TO THE HOSPITAL OR AT	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the I be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal,	IMPORTANT: If Item 2

REGISTRAR			CI	ERTIFI	CATE O	F DEATH		REG. NO	).			
1. DECEDENT'S NAME	(First, Middle, Last)	4. 5m	ith				2. DATE O		- 90	YEAR	3. TIME OF DE	ATH OM
4. SOCIAL SECURITY	WMBER	5. SEX	6. AGE (In yrs. les	st birthday)	IF UNDER 1 YEAR		7. DATE OF		18	. BIRTHE	LACE (State or	Foreign
213-48-1	.329	1 □ M 2 K F	102	YRS.	MONTHS DAYS	HOURS MIN.		Day, Year)	1888	Mo		
9a. FACILITY NAME (#	not institution, give	street and number)			9b. CITY, TOW	OR LOCATION OF			9c. COUNT	Y OF DE	ATH	
Cumber	cland 1	Jursing	Home		Gum	berland			l &	llle	gany	
10a. STATE	10b. COUNT	TY		10c. CITY	, TOWN OR LO	ATION					10d. INSIDE CIT	ry
Md.	A	legany			Frost	nurg					LIMITS?	NO
10e. STREET AND NUM		- A Sant				101. ZIP CODE			10g. CITIZE	N OF W	HAT COUNTRY?	
37 1	rost A	ve.				21532			U.	S.A		
11. MARITAL STATUS	Пист	12. WAS DECEDE FORCES?	NT EVER IN U.S. AF	RMED				IIC ORIGIN? (Specify Yee or No— 14. R n, Puerto Rican, etc.)			RACE — American Indian, Black, White, etc.	
1 Never Merried 3 Widowed 4			WAR OR DATES			ES 2 NO Spec		Spo				
15.	DECEDENT'S EDI	UCATION	16e, DE	CEDENT'S	USUAL OCCUPA	TION	16b. I	UND OF BU	ISINESS/INDU		TTTE	
	y only highest grad		(G	live kind of w	rork done durina	most of working	100.					
8	, (6 12)	00,100	·	Home	maker			Own	Home			
17. FATHER'S NAME (FI	st, Middle, Last)				16. MOTHER'S NAME (First, Middle, Maide.							
Georg	e G. T	ownsend	l			Nei	nah !	Dodg	е			
	. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)									Code)		
	Eugene A. Smith Jr. 37 Frost Ave., Frostburg, Md. 21532  20c, METHOD OF DISPOSITION (Name of cometary, cremetary or 20c, LOCATION — City or Town, State											
1 ABuriel 2 Cre	1 Aguriel 2 Cremation 3 Removal from State other place)											
	4 Donation 5 Other (Specify) Arlington National Com. Arlington, Va.											
7								273				
Durst Funeral Home, Frostburg,										urg,	Md.	
23. PARY Enter t	na diseases, or or heart failure.	complications the	at caused the deuse on each line	aath. Do n	ot entar tha	noda of dying, au	ich as cardi	or reap	dratory arre	st,	Approxi	mate Between
IMMEDIATE CAUSE disease or condition regulting in death)	(Final		Hy	Derv	atve	wa						nd Death
readiting in death)	,	DUE TO	OFF AS A CONSE	QUENCE OF	96.	1	)		0 (	) A	/	
Sequentially list co	nditions	b	delaydr	atio	n sec	ondary 1	v po	o voi	val S	ula	4	well
If any, laading to h	nmediata	DUE TO	O (OR AS A!CONSE	OUENCE OF	7:	(/	,					
CAUSE (Disease of	Injury	C. DUE TO	O (OR AS A CONSE	QUENCE OF	n.						-	
that initiated event resulting in death)			(CITAGIN CONCE	2021102 01	,.						İ	
		d									+	
PART II. Other sign	ifficant condition	ons contributing to	death but not	reaulting I	n 1ha undariy	ing cause given in	n Part I.	PERFO	N AUTOPSY RMED?	24b.	WERE AUTOPSY AWAILABLE PRIO	OT RO
- Cong	rue .	main	oynar	one	2		—	1 TYES	2 NO		OF DEATH?	FCAUSE
			(								1 - YES 2 -	] NO
25. WAS CASE REFERE EXAMINER?		HOSPITAL:			ОТНБА:	PLACE OF DEATH (C				_		
1 TYES 2 N		28a. DATE C	ER/Outpatient	28b. TIM		ome 5 Residence	_		INJURY OCCU	IDED		
_ /	Pending		Day, Year)	INJ	URY	WORK?	200. 0250	MIDE NOW	INJURY OCCU	JHED		
2 Accident 3 Suicide	Investigation	28s. PLACE	OF INJURY — At h	ome, farm, s			281, LOCA	TION (Street	and Number o	r Rural R	oute Number.	
3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)							City or	Town, State	)			
29a. CERTIFIER	29a. CERTIFIER (Check only   CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner as stated.											
		ordinari to the book	or my knowledge, o	outil occurr	ou at tire time, o	are erro prece, erro or				u.		
(Check only one) 2	MEDICAL EXAMIN	IER: On the basie of	examination and/or	Investigatio	n, in my opinio	, death occured at th	ne time, date s	nd place. e	nd due to the	cause(e)	and menner as	stated.
ana)			examination and/or	Investigatio	n, in my opinio	, death occured at the		nd place, e	_			
one) 2 🗆			examination and/or	Investigatio	n, in my opinio	29c. LICENSE N			_	SIGNED	(Month, Day, Yea	

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

69

Greene St.

Cumberland.

Sanil K 31. DATE FILED (MORTH, Day, Year) APR 1 6 1990

DHMH-16 Rev 1/89

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificale be executed within 24 meurs after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach, to sind within 72 hours after death with the State Deut, of Health and Mental Hydiene prior to burdal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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	, Middle, Last)							2. DATE C	F DEATH			3. TIME OF DEATH
	Will	iam		Paul	Scho	mper	it	MONTH			YEAR	4:40PM
. SOCIAL SECURITY NUM 181-54-58		5. SEX	6. AGE (In	yrs. last birthday) 28 YRS.	IF UNDER 1 Y	-	UNOER 24 HRS. LIRS MIN.	7. DATE O			6. BIRTH Countr	PLACE (State or Foreign
a. FACILITY NAME (If not i	nstitution, give s	treet and number)	L		96, CITY, TO	WN OR LO	CATION OF DE			9c. COUNT		
Rt. 5, Bo	x 336		er Ro	ad		berl						y County
oa. STATE		llegany	7	10c. CIT	Y, TOWN OR I	ocation IMDe	rland					10d. INSIDE CITY LIMITS? 1 YES 2 NO
0e. STREET AND NUMBER						101. ZIP	CODE	10g. CITIZEN			EN OF V	HAT COUNTRY?
Route	5 Box	336-Wi	nche	ster F	Rd.	21	502				US	A
1. MARITAL STATUS  Never Married 2   Widowed 4 Div		12. WAS DECEDE FORCES? IF YES, GIVE 1980-1	YES NAR OR DAT	2 NO	If ye	s, specify	ENT OF HISPAN Cuben, Maxica NO Specify	n, Puerto Ri		or No-	14. RACE	- American Indian, t, White, atc.
	EDENT'S EDU			6a. DECEDENT'S	IISHAL OCCI	SUAL OCCUPATION 166, KIND OF BUSINESS/INDUSTRY					white	
	ly highest grade				work done duri se retired.)	ng most of		100.		/a	Jaint	
7. FATHER'S NAME (First, I		· · · · · · · · · · · · · · · · · · ·			- une	_	oyed					
		ah a	a du			18.	MOTHER'S NA				,	
		chompe							J. :			
Dorothy J. Schompert  20a, METHOD OF DISPOSITION 1 Surfat 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) Rich.										wn, State, Zip Code)		
					Winchester Road, Cu: 20b. PLACE OF DISPOSITION (Name of cometer), crematory or				Cumberland, MD 215			
					SITION (Name					hnst		
1. SIGNATURE OF FINER	AL SERVICE LIC	ENSEE		/1	22. NA	5081	PPESO	cuFun	eral	Home	е	
► (lan	ont	Mac	201	11.	C	umbe	rland	, MD	215	02		
23. PART I. Enter the canock, or in the canock, or in the canock of the	neert fellure. nel	List only one ca	t WOU	ch line.	ront o		3,	n as card	ac or reap	ratory arre		Approximate Interval Batwe Onset and Des
Sequentially list condi	dieta ING	c	154	CONSEQUENCE O								
cause, Entar UNDERLY CAUSE (Disease or Inj that initiated events reaulting in daath) LA		d										
cause. Entar UNDERLY CAUSE (Disease or Inj that initiated events	вт [	d	o daeth bu	t not reaulting	in the unde	riying ca	use given in		24a. WAS AN PERFOR	MED?		. WERE AUTOPSY FINDING ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  XXVES 2 NO
cause. Entar UNDERLY CAUSE (Disease or in) that initiated events reaulting in death) LA: PART II. Other aignific	ant condition		o daeth bu	t not reaulting			ouse given in		PERFOR	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
cause. Entar UNDERLY CAUSE (Disease or in) that initiated events reaulting in death) LA: PART II. Other algnific	ant condition	da contributing t			OTHER:	26. PLACE		eck only one	PERFOR	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
CAUSE (Disease or In that Intellect events resulting in death) LA:  PART II. Other algnific  ES. WAS CASE REFERRED EXAMINER?  EXAMINER?  EXAMINER OF DEATH  1 Netural 5	ant condition	HOSPITAL: 1   Inpatient 2	□ ER/Outpe		OTHER:	26. PLACE  Home 3  Ic. INJURY WORK?	: OF OEATH (Ch	eck only one 6 Other 28d. OES	PERFOR	MED?	UREO	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Cause. Entar UNDERLY CAUSE (Disease or In) that Initiated events reaulting in death) LA: PART II. Other algnific  EXAMINER?  EXAMINER?  TAMANNER OF DEATH  I Natural 5	ant condition	HOSPITAL: 1   inpetient 2 28e. DATE C (Month, 1-1) 28e. PLACE	ER/Outpa	ellent 3 DOA  26b. Til  PM  At home, farm,	OTHER: 4   Nursin  ME OF JURY M	26. PLACE  Mome D  Le. INJURY  WORK?  1 YES	OF OEATH (Ch	eck only one  6 Other  28d. OES:  Sel:  28f. LOCA  Rt.	(Specify) CRIBE HOW II f inf]	NJURY OCCLICTEC	or Rural	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  XXVES 2 NO  Route Number, Achester Route Number, Achester Ro
CAUSE. Entar UNDERLY CAUSE (Disease or In that Initiated events reaulting in daath) LA: PART II. Other aignific  25. WAS CASE REFERRED EXAMINER?  26. WAS CASE REFERRED EXAMINER?  27. MANNER OF DEATH  1 Natural 1 Natural 2 Accident 3 Ruicide 4 Homicida	ant condition  TO MEOICAL  Pending investigation  Could not be datarmined	HOSPITAL: 1   inpetient 2 28e. DATE C (Month, 1-1) 28e. PLACE	ER/Outper F INJURY Pey, 3'04' OF INJURY - I, etc. (Specif	26b. Till PM  - At home, farm,	OTHER: 4   Nursin ME OF JURY M street, factory	26. PLACE  Mome  C. INJURY WORK?  1 YES  , office	E OF OEATH (Ch	8 Other 28d. OES: Sel: 28f. Local Rt City of	(Specify) (CRIBE HOW II f inf]  TION (Street is 70m, Street is 70m	NJURY OCC. Licted and Number 336	or Aural	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  XXVES 2 NO  Route Number,
CAUSE (Disease or In that Intitleted events reaulting in death) LA:  PART II. Other algnific  ES. WAS CASE REFERRED EXAMINER?  EXAMINER?  EXAMINER OF DEATH  1 Netural 5 2 Accident  3 Quictide 6 4 Romicide  100. CERTIFIER 1 CEI	ant condition  TO MEOICAL  Pending investigation  Could not be datarmined	HOSPITAL: 1 Inpatient 2 28e. DATE C (Month, 1 In It I I I I I I I I I I I I I I I I I	ER/Outpay  FINJURY  Pay, you  OF INJURY  , etc. (Specif	26b. Till PM  - At home, farm, hodge, death occur	OTHER: 4   Nursin ME OF JURY M street, factory	26. PLACE g Home \$\frac{1}{2}\$ ic. INJURY WORK? 1 \( \triangle \tr	E OF OEATH (Ch	8 Other 28d. OES: Sel: 28f. LOCA Rt Cliff of	(Specify)  (Specify)  CRIBE HOW II  f inf]  VION (Street is Town, Steet)  County Street is Town, Steet)	NJURY OCC. ictec and Number 336 1, Ali	or Aural Wir	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  XXVES 2 NO  Route Number, Achester Route Number, Achester Ro

32. REGISTRAR'S SIGNATURE

TO BE COMPLETED BY FUNERAL DIRECTOR

iffed at once.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Sura after death, TO THE FUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funer be filed within 72 hours after death with the State Dept. of Health and Mental Hyghene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examili

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

29b. SIGNATURE AND TITLE OF CERTIFIER

Robert

APR 3 90

Guedenet,

1 - FOR STATE REGISTRAR		STATE OF I	MARYLAN		RTMENT O				MENTA	L HYGIEN				
1. DECEDENT'S NAME (First,	Middle, Last)								2. DATE	OF DEATH	V.	YEAR	3. T	IME OF DEATN
Lola M.	Stev	ens							MONT	3 3	S'1	<b>40</b>		10:20A M
4. SOCIAL SECURITY NUMB	ER	5. SEX	8. AOE (In y	s. /mst birthday)	IF UNDER 1 YE		IF UNDER		7. DATE	OF BIRTN		8. BIRT	HPLAC	E (State or Foreign
214- 34- 3	L128	1 🗆 M 2 📈 F .	93 94	YRS.	MONTHS DA	AYB	HOURS	MIN.	5	-15-18	196	100		Grove, M
9e. FACILITY NAME (If not in:	stitution, give s	street and number)			96. CITY, TO	WN OR	LOCATIO	ON OF DE	ATN		9c. CO	UNTY OF		
Reeder's h	Memori	al Home			Воо	nsb	oro					Was	hi	ngton
Maryland	10b. COUNT	v Washingt	on		ry, town or L eedysvi						K			INSIDE CITY LIMITS? YES 2 NO
100. STREET AND NUMBER 56 S. Mail	n St.						2175	_				U. S.		COUNTRY?
11. MARITAL STATUS  1 Never Married 2 2  3 Widowed 4 Divo	Married	12. WAS DECEDED FORCES? IF YES, GIVE	YES 2	<b>⊠</b> NO	If yo	s, spec	Ify Cube		n, Puerto	N? (Specify Yes Rican, atc.)	or No-	14. RAC Blac Whip		merican Indian, Ita, etc.
	EDENT'S EDU highest grade			life. Do NOT u	work done during retired.)	PATION ng most	of worldr	ng	166	Orm U		NDUSTRY		
	Colonia de cons			Hous	sewife					Own Ho				
17. FATNER'S NAME (First, M. Martin Luthe		ler					Sus	an (	ME (First, Gross	Middle, Maiden 5 Mille	Sumame) P			
190. INFORMANT'S NAME (7) Leona Har					Ewing								Π	
20g. METHOO OF DISPOSITI 1X Burlel 2 Cremetto 4 Donation 8 Other		noval from Stata	oti	ACE OF DISPO								City or T		
John H.	Bast	JY.						SS OF FA	HOM					Pike 21713
23. PART I. Enter the di shock, or he IMMEDIATE CAUSE (Fin disease or condition resulting in death)	ert feilure.	a. nraha	lle a		· ware				,	dlec or reap				Approximete Interval Between Onset and Daath
Sequentially list conditi if any, leeding to imme- cause. Enter UNDERLY! CAUSE (Disease or Inju	diete NG	c		ONSEQUENCE C				of.		_				
that initiated events resulting in death) LAS	<b>'</b>	d.	OR AS A CO	INSEQUENCE C	OF):									
PART II. Other algoritica	nt condition	na contributing to	deeth but	not resulting	In the under	rlying	ceuse	given in	Part I.	24a. WAS AN PERFO	RMED?	Y 24	CON	RE AUTOPSY FINDINGS LABLE PRIOR TO PPLETION OF CAUSE DEATH?  YES 2 NO
25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL	HOSPITAL:	FR/Outnotes	int 3 🗆 DOA	OTHER:				eck only o					
27. MANNER OF DEATN  1 Matural 8	Pending	28e. DATE O (Month)	F INJURY Day, Year)	28b. Til	JURY	c. INJU WOR	RY AT			SCRIBE NOW	INJURY O	CCURED	-	
3 Suicide 8	Investigation Could not be determined	28s. PLACE building	90 OF INJURY — , etc. (Specify)	At home, farm,				_ ,,,,,	28f. LOC	CATION (Street or Town, State	and Numb	per or Rural	Route	Number,

1. CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the besis of examination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the car

100 Geeting Lane

WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

32. HEGISTRAITS SIGNATURE Pandall

Μ. D. 29c. LICENSE NUMBER

Keedysville, Md.

DNMH-16 Rev 1/89

29d. OATE SIGNEO (Month, Day, Year) > 3/31/90

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10 THE HOSPITAL OR ALLENDING PHYSICIAN: The Law requires that the dealth certificate or executed within 24 froms after death. Page of fright or retail	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 shows	_	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified
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분	H	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ORI
9	10	be fi	N.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAN		TMENT OF H		MENTAL HYGIEN				
į	1. DECEOENT'S NAME (First, Middle, Last)			<u> </u>	DE7	2. DATE OF DEATH		3. TIME OF DEATH		
	PATRICIA	SKINNER			- <u> </u>		1990	4:45A M		
1	4. SOCIAL SECURITY NUMBER		yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	6. B	BIRTHPLACE (State or Foreign Country)		
	218-36-6530	1 □ M 2 xxx F 48	YRS.			June 20 1	941 1	D.C.		
~	9a. FACILITY NAME (If not institution, give s THE JOHNS HOPK)	,		·	OR LOCATION OF DE	EATH	9c. COUNTY			
OT:	RESIDENCE OF DECEDENT	INS HOSFITAL		BALTIMO	DRE		BALTIM	MORE CITY		
DIRECTOR	10e. STATE 10b. COUNT	Υ	10c. CITY	Y, TOWN OR LOCAT	ION			10d. INSIDE CITY LIMITS?		
		ARUNDEL	ANN	NAPOLIS				1 YES 2 NO		
FUNERAL	10e. STREET AND NUMBER				. ZIP CODE		1.41	OF WHAT COUNTRY?		
NE NE	1029 MADISON CT.	12. WAS DECEDENT EVER IN U.	I S ARMED		21403	VIC ORIGIN? (Specify Yes	U.S.	BACE - American Indian.		
F	1 Never Merried 2 Merried	FORCES? 1 YES	2 X NO	If yes, spe		n, Puerto Rican, etc.)		Black, White, atc.		
ВУ	3 Widowed 4 Divorced			'	24X 100			BLACK		
TED	15. DECEDENT'S EDU (Specify only highest grade		Se. DECEDENT'S	USUAL OCCUPATION work done during more retired.)	ON ust of working	16b. KIND OF BU	SINESS/INDUST	RY		
YE.	Elementary/Secondary (0-12)	College (1-4 or 5+)	HOMEMAR							
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Meiden	Surname)			
Ö	EDWARD WILLIAMS					A TAYLOR	. ,			
38 C	19e. INFORMANT'S NAME (Type/Print)					Route Number, City or Tow		ie)		
2	HAROLD SKINNER		1029 N	MADISON	CT. ANNA	POLIS, MD.	21403			
	20e. METHOD OF DISPOSITION 1. Burlet 2 Cremetton 3 Ram 4 Donatton 5 Other (Specify)	novat from State	other place)	SITION (Name of cer			CATION - City			
	4 ☐ Donatton 5 ☐ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LII		NELAWN 1	MEM. PAR			NAPOLIS	·		
	21. SIGNATURE OF FUNERAL SERVICE SE	H .		1				ANNAPOLIS, MD.		
	Larry	J. Trees	4	_		& SONS MOR				
	23. PART I. Entar the diseases, or ahock, or heart failure.	complications that caused to List only one cause on each		ot antar tha mo	da of dylng, suc	h as cardiac or reap	iratory arrast,	intarvai Between		
	IMMEDIATE CAUSE (Final disease or condition CAOTTO D. I. WW.B. ARREST									
	resulting in death)	DUE TO (OR AS A C	CONSEQUENCE OF	My WILL	1231			111100103		
7		phyat	500	•				21MS.		
10	Sequantistly flat conditions, if sny, leading to immediate	OUE TO ME AS A C	CONSEQUENCE OF	F):				( ~~		
CA	cause. Entar UNDERLYING CAUSE (Disease or Injury	a ///2/15/1	1210					one		
CERTIFICATION	that initiated events resulting in death) LAST	COLIAMO	CONSEQUENCE OF	" CAOCT	MOMA (	F FLOOR	nem	ma Dy		
CER		d. SXVIIIVOS	UKLL	UNY	ע אוויועאן	TIMEN		VIII		
	PART II. Other algnificant condition	ns contributing to death but	not resulting i	in the underlyin	g cause given in	Part I. 24s. WAS AP PERFO		24b. WERE AUTÓPSY FINDINGS AVAILABLE PRIOR TO		
DIC						1 YES		COMPLETION OF CAUSE OF DEATH?		
ME						_   '	,	1 UYES 2 NO		
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL	1		26 F	LACE OF DEATH (Ch	anh anh				
SICI	EXAMINER?	HOSPITAL:	tlant 3 DOA	OTHER:		8 Other (Specify)		A		
H	27. MANNER OF BEATH	28s. DATE ON INJURY	28b. TIM	IE OF 28c. INJ	JURY AT	28d. DESCRIBE HOW	INJURY OCCUR	ED		
ВУ Р	1 Natural 5 Pending Investigation	4/1/40	1 43		YES 2 NO					
	3 Suicide 8 Could not be	28s, PLACE OF INJURY — building, etc. (Specify	- At home, ferm, s	street, fectory, offic	i•	281. LOCATION (Street City or Town, State		Rural Route Number,		
ETE	4 Homicide determined	APROPORTION AND ADDRESS OF THE PARTY OF THE								
COMPLETED	Orack oray	SICIAN: To the best of my knowled	dga, death occurre	ed at the time, date	end plece, end due	to the ceuse(e) end ma	inner se stated.			
Š	one) 2 MEDICAL EXAMIN	IER: On the basis of examination e	end/or investigatio	in, in my opinion, c	leath occured at the	time, date end place, e	nd due to the ca	nuse(e) and manner ee stated.		
BEC	296. SIGNATURE AND TITLE OF CERTIFIE	in MA			29c. LICENSE NUI	MBER	29d. DATE SI	GNEO (Morith, Day, Year)		
9	1 Get No U	21111/					<u> </u>	1/40		
	MATE WILLIAM	HO COMPLETED CAUSE OF DEAT	H (ITEM 27) (Type,	LAKEN	SHOSPI	702 D	EPT Ó	FENT		
	31. DATE HEP ROTE DAY 1990	Julia Davidson	ndell		10000					

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2. Aurs after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNEFAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit permit. Press 1.2. 3 per filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	FOR STATE REGISTRAR	STATE OF MARYLA		CATE OF		MENTAL HYGIENE REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last) WILLIA	M I. SHOR	ES, JR.			2. DATE OF DEATH APril 6	1990 YEAR	3. TIME OF DEATH		
	214-03-0587	M 2 □ F	76 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 1 - 2.8 - 19	14 Ma	ATHPLACE (State or Foreign untry)  . ryland		
TOR	99. FACILITY NAME (If not institution, give stree 6 Wainwright Av			Annap	olis	ATH	Anne	Arundel		
DIRECTOR	10e. STATE 10b. COUNTY	Arundel	10c. CITY	, TOWN OR LOCAT	polis			10d. INSIDE CITY LIMITS? 1 YES X NO		
ERAL	6 Wainwright A	venue		10	21403		109. CITIZEN OF WHAT COUNTRY? USA			
BY FUNERAL	11, MARITAL STATUS 1 1 Never Merried 2 Merried 3 Widowed 4 Divorced	2. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE HAR OR DA	U.S. ARMED 2 NO ITES	If yes, sp	ENDENT OF HISPAN ecity Cuben, Mexico 2 NO Specify	В	ACE — American Indien, lack, White, etc. becity: W11 te			
COMPLETED	15. DECEDENT'S EDUCAL (Specify only highest grade co Elementary/Secondary (0-12)	mpleted) College (1-4 or 5 +)		rork done during mo e retired.)	ON st of working	16b. KIND OF BUS				
COMP	17. FATHER'S NAME (First, Middle, Lest) William Irv	ing Shore	Inspec	tor		ME (First, Middle, Maiden s		Comm.		
TO BE	190. INFORMANT'S NAME (Type/Print) Helen Frances S		19b. MAILING		and Number or Rural i	Route Number, City or Town				
	20e. METHOD OF DISPOSITION  1	al from State	PLACE OF DISPOS	litan	Service	Ale	xand ri	Town, State a, Va.		
	21. SIGNATURE OF THERAL BERVICE LIDER	amos	w		or Fune		el Ann	apolis, Md.		
	23. PART I. Enter the diseasea, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, ahook, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	DUE TO (OR AS A CONSEQUENCE OF):  Metastata Carcinoma  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):									
	that initiated events resulting in death) LAST									
PHYSICIAN: MEDICAL	PART II. Other algnificant conditions	contributing to deeth b	ut not resulting (	in the underlyin	g cause given in	Part I. 24a. WAS AN PERFOR 1 □ YES 2	MED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		
ICIAN:		HOSPITAL:	o	OTHER:	LACE OF DEATH (C/	VIII VIII VIII VIII VIII VIII VIII VII				
	27. MANNER OF DEATH  1. Natural 5 Pending	26e. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c. IN	JURY AT DRK? YES 2 NO	8 Other (Specify)  28d. DESCRIBE HOW II	NJURY OCCURE	0		
ETED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, (	street, factory, offi	0	28f. LOCATION (Street a City or Town, State)	and Number or Ru	ral Route Number,		
COMPLETED	(Crieck Only	AN: To the best of my know On the basic of examination						se(e) end manner as stated,		
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER  7  30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CALLSE OF DE	~ D	Delete)		804	▶ 4-	NED (Month, Day, Year)		
	31. DATE FILED (Month, Day, Year)	AUC AI	Tru polis	and a	Ī	20 hert 7	- Pet	er50/7		
	APR 1	1 1990 Fund	Anna moon	•				-		

BALTIMORE, MARYLANI

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

af-transit permit. Pages 1, 2, 3 should

1		FOR STATE REGISTRAR
-	-	EOEDENTIC NA

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, Middle, Last)	TALLE	V			2. DATE OF DE	DAY	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. last birth	holan) E IMPE	R 1 YEAR	IF UNDER 24 HRS.	2 DAYE OF BU	- 7 -	8. BIRTHPLACE (State or Foreign
	214-74-9622 1 DM 2 1	1	RS. MONTHS	DAYS	HOURS MIN.	(Month, Day,	-96	Country)
~	9a. FACILITY NAME (If not institution, give street end number)				R LOCATION OF DE		1 2 3 3 4	INTY OF DEATH
DIRECTOR	HOLY CROSS HOSP	TAL		14 V	ET 5,	PRING	. M	ONTGONERY
Ĭ,	10s. STATE 10b. COUNTY	10	c. CITY, TOWN					10d. INSIDE CITY
	MS. MONTGOME	-KY	SILI	EK	SPRIM	6		1 TES 2 NO
FUNERAL	100. STREET AND NUMBER 610 THAYER AVEN	WE		101	20 910		10g. CIT	U. S. A.
BY FUN	11. MARITAL STATUS 12. WAS DECEDEN	TEVER IN U.S. ARMED	13.	If yee, sp	ENDENT OF HISPAN acity Cuben, Mexices 22 NO Specify	n, Puarto Rican,	ecify Yaz or No— etc.)	14. RACE — American Indian, Black, White, stc. Specify: White
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	18e. DECEDI	ENT'S USUAL (	OCCUPATION	ON .	18b. KIND	OF BUSINESS/IN	DUSTRY
E	Elementary/Secondary (0-12) College (1-4 or 5	+) Ilfe. Do I	nd of work done NOT use retired.,	ounng mo	st of working			
M M	1-12 Teachers Co	ollege :	Homema	ker		Ow	n Home	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAI			
BE	Zadok B. Keyser					er J. P		
2	19a. INFORMANT'S NAME (Type/Print)	19b. MA			nd Number or Rural F			
	Evelyn T. Murphy	1				-		ng, Md. 20912
	1 N Buriel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	Other place)			Church (			ely, Virginia
	H. SIGNATURE OF FUNCTIONAL SERVICE LICENSES	Defliet			ID ADDRESS OF FAI		у пто	ery, virginia
	. 1/1.1.11 Vine	/-		Hine	s/Rinald:	i Funer		
_	23. PART I. Enter the phaseses, or complications the	u						Spring, Md. 209
CERTIFICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in death)  DUE TO GR AS A CONSEQUENCE OF):  Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):							
MEDICAL	PART II. Other significent cenditions contributing to death but not resulting in the underlying ceuse given in Part i.  Part II. Other significent cenditions contributing to death but not resulting in the underlying ceuse given in Part i.  24a. WAS AN AUTOPSY PINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1   YES 2   NO							
ΧI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				ACE OF DEATH (Ch	eck only one)		
Š	I I VOI SIAL.	☐ ER/Outpatiant 3 ☐ E	OTHE		e 5 🗆 Raeldence	8 Other (Spe	cify)	
PHYSICIAN:	1 Natural 5 Pending	F INJURY 28 Day, Year)	b. TIME OF INJURY M		URY AT PRK? YES 2 NO	28d. DESCRIBE HOW INJURY OCCURED		
red BY	2 Accident 3 Sulcide 8 Could not be datarmined 4 Homicide 8 Could not be datarmined 28a. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 28a. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)							or or Rural Route Number,
COMPLETED	29a. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data end place, and due to the cause(a) and manner as stated.  2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.							
BE	20% SOCIATURE AND TITLE OF CERTIFIER	to m	(4)		29c, LICENSE NUM	12/		TE SIGNED (Month, Dey, Year)
٩	6. Sengstack, MD	3929 Ferr	(Type, Print) ara Dr	ive,				1-1-10
		AR'S SIGNATURE						
	APR 0 9'90 Julian	evidson-Abando				. :-		
								DHMH-18 Rav

attending physician.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retain.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should		IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notifi
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5	5	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	×

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM			ENTAL HYGIEN REG. NO	E	
	1. OECEDENT'S NAME (First, Middle, Last) ELIZABETH	Elizabeth A	TURN	ER		2. DATE OF DEATH DO NOTH	3 10	3. TIME OF DEATH
	Sa. FACILITY NAME (If not institution, give	treet and number)	7 M YRS. MO	CITY TOWN OF	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) (0-14-		BIRTHPLACE (State or Foreign Country) Wash., DC OF DEATH
DIRECTOR	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNT		10c. CITY. TO	OWN OR LOCATIO	SPRING		<i>y</i> U	10d. INSIDE CITY
FUNERAL DI		LA, SIL. 8F		SPK1	ZIP CODE	910	2711	1 X YES 2 NO
BY	11. MARITAL STATUS  V Never Married 2 Merried  3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DAT	2 NO	If yes, spec	NDENT OF HISPANIC city Cuben, Mexican, 2 A NO Specify:	ORIGIN? (Specify Yes Puerto Rican, etc.)		RACE — American Indian, Black, White, etc. Specify: White
PLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 12		16a. DECEDENT'S USI (Give kind of work life. Do NOT use re Clerk	done during most		166. KIND OF BU	Gov t	TRY
COMP	17. FATHER'S NAME (First, Middle, Last)	<u> </u>			16. MOTHER'S NAM	E (First, Middle, Maiden	Surneme)	
BE C	John J. Turner				Helen 1	E. Duley		
임	19a. INFORMANT'S NAME (Type/Print) Richard Mayfield					ute Number, City or Tow , DC 200		de)
	20e, METHOD OF DISPOSITION 1 Gentler 2 Cremetion 3 Rem 4 Donetion 5 Other (Specify)	oval from State	PLACE OF DISPOSITE other place) Mt. Comfo	ort Cre	matory	1	cation – chy 11ex.,	or Town, State
	21. SIGNATURE OF FUNERAL SERVICE U	Linn	ons	Joseph		's Sons, I W Wash.,		016
RTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)	e. Callud  OUE TO (OR AS A  b. Con 9 ks	ma Consequence of	hears	ovan	y me		Approximate Interval Betwood State Onset and Do State Onset and Do State Onset and Do State Onset and Do State Onset and Do State Onset and Do State Onset and Do State Onset and Do State Onset and Do State Onset Onset and Do State Onset Ons
RTIFICAT	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  d.							
: MEDICAL CE	PART II. Other significent condition	ns contributing to deeth bu	it not resulting in t	the underlying	cause given in P	art I. 24a. WAS AN PERFOI	RMED?	24b. WERE AUTOPSY FINOI AMAILABLE PRIOR TO COMPLETION OF CAU- OF DEATH? 1 YES 2 NO
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		THER:	ACE OF OEATH (Chec			
BY PHYS	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	260. OATE OF INJURY (Month, Day, Year)	28b. TIME O	OF 28c. INJU Y WOF	IRY AT	28d. DESCRIBE HOW	NJURY OCCUP	REO
TED	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Specific Control of the Contr	— Al home, farm, stre	et, fectory, office		281. LOCATION (Street City or Town, State		Rural Route Number,
COMPLE	ana)	SICIAN: To the best of my knowle ER: On the beste of examination						ause(s) end manner ee state
TO BE COM	29b. SIGNATURE AND TITLE OF CERTIFIED	Mil-	nD.	imp)	29c, LICENSE NUME		<b>&gt;</b> 4-	IGNEO (Month, Day, Year)
	ABRAHAM W.D.	ANISH MD  32 REGISTRAR'S SIGNA  Subject Naumdanna	1106 SI	RINS	57. SIL	ier Spr	21115,1	40 2091

AND 21203-3146

Γ.	10	G.	100	
	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 mine	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, on the funeral director, on the funeral director, or filled in by the funeral director, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must	
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	24 h	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the ibe fleet within 72 hours after death with the State Dept. of Health and Mental Hypiene prior to burial, cremation, or removal.	the	
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	MARGARET BALDY		1			APRIL 2.	1990	3. TIME OF DEATH  2219 P. M		
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. lest birth lay)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		BIRTHPLACE (State or Foreign		
	190-20-0033	1 M 2 F	70 YRS.	ONTHS DAYS	HOURS MIN.	FEB. 16, 1		PENNSYLVANIA		
DIRECTOR	9a. FACILITY NAME (If not institution, give WASHINGTON ADVEN' RESIDENCE OF DECEDENT				IA PARK	EATH		OF DEATH		
2	10a. STATE 10b. COUN	TY	10c. CITY,	TOWN OR LOCA	TION			10d. INSIDE CITY		
- 1	MARYLAND  10e, STREET AND NUMBER	MONTGOMERY			ER SPRING	7	I 100 CITIZE	LIMITS? 1 YES 2 NO N OF WHAT COUNTRY?		
FUNERAL	216 NORTHWEST TE				20	901		USA		
2	11. MARITAL STATUS  1 Never Merried 2 Merried  3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	B 2 V NO	If yes, s	CENDENT OF HISPAI Decity Cuban, Mexica B 2 X NO Spect	NIC ORIGIN? (Specify Years, Puerto Ricen, atc.)  y:	s or No 14	Black, White, etc.  Specify:  WHITE		
ELED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)		16e. DECEDENT'S U (Give kind of wo life. Do NOT use	rk done during m	ON ost of working	16b. KIND OF BU	SINESS/INDUS	TRY		
COMPL		4	HOMEMAKE	R/POTTE	ER					
BE CO	17. FATHER'S NAME (First, Middle, Last) WILLIAM ISAAC	BALDWIN				ME (First, Middle, Maiden ENCE EDITH				
2	190. INFORMANT'S NAME (Type/Print) BETH THOMSON	(DAHOURED)				Route Number, City or Tow				
	20a. METHOD OF DISPOSITION	(DAUGHTER)	0b. PLACE OF DISPOSIT					MARYLAND 2090 y or Town, State		
	1 Buriel 2 X Cremation 3 Re 4 Donation 8 Other (Specify)	moval from State	other place) IETROPOLIT					A, VIRGINIA		
ĺ	21. SIGNATURE OF PURERAL SERVICE I			22. NAME A	ND ADDRESS OF FA					
	Sunt 7	Smith	/					. SP., MD 20901		
HILLAHON	Sequentially list conditions, if any, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  Intra Cenabroal homorohage 2 to Rupulmed Mnerysy w  Due to (or as a conscouence of):  Caudio Pulmonary arrent  Due to (or as a conscouence of):  Kybettomy C Caudio Youndar alive and  Due to (or as a consequence of):  Suitant of (or as a consequence of):  Suitant of (or as a consequence of):  Suitant of (or as a consequence of):  Suitant of (or as a consequence of):  Suitant of (or as a consequence of):  Suitant of (or as a consequence of):  Suitant of (or as a consequence of):  Suitant of (or as a consequence of):									
5	PART II. Other algorificent condition	()				Part I. 24a. WAS AN PERFO		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO		
: MEDICAL							NO	COMPLETION OF CAUSE DF DEATH?  1 YES 2 NO		
A	25. WAS CASE REFERRED TO MEDICAL EXAMINER?									
2	1 VES 2 NO	HOSPITAL:		OTHER: 4 - Nursing Ho	me 5 - Residence	8 Other (Specify)				
BT PHTSICIAN:	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year		RY W	JURY AT ORK? YES 2 NO	28d. DE\$CRIBE HOW	INJURY OCCU	RED		
	3 Suicide 8 Could not b 4 Homicide determined	e 28e. PLACE OF INJU- building, etc. (S)	RY — At home, farm, strongerfy)	reet, factory, offi	ce	28f. LOCATION (Street City or Town, State	. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
COMPLEIED	anni	/SICIAN: To the best of my known NER: On the basis of exeminal						cause(a) end manner as stated.		
O BE	29b. SIGNATURE AND TITLE OF CERTIF	, ,			DITO			SIGNED (Month, Day, Year)		
	30. NAME AND ADDRESS OF PERSON V	And M.D	3311	Tales	do Te	843 Wale t	lyall	sville ma		
	31. DATE FILED (Month, Day, Year)  32. REGISTRAN'S SIGNATURE  APR 6 90									

13,7

OHMH-18 Rev 1/89

BALTIMORE, GARRIAND 21203-3146

SICIAN: The law requires that the death certificate be executed within 24 yours after death. Page 6 may in the continuation of the attanding physician and completely filled in by the funeral director, page 5 may in the first of the attanding physician and completely filled in by the funeral director, page 5 may in the first and Mental Hygiene prior to burial, cremation, or removal.  If you flee 23 shows any injury, or other traumatic event, the medical examiner must be written once.	TO BE COMPLETED BY FUNERAL DIRECTOR
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 yours after death. Page 6 may function in mapital or attending physician.  TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 may find for use as the burial-trans be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If item 28 is marked, or litem 23 shows any injury, or other traumatic event, the medical examiner must be fortified in once.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
10	

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF H		MENTAL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last)	Nova Eileer				2. DATE OF OEATH MONTH D	AV YES	/ 7 / 7'	
	4. SOCIAL SECURITY NUMBER  208-16-3839  90. FACILITY NAME (If not institution, give	1 🗆 M 2 🗡 F	(In yrs. lest birthday) 64 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.  R LOCATION OF D		0	NATHPLACE (State or Foreign ountry)  Aaryland	
TOR	Shady Grove Adve		al	Rockvi		EATH		gomery	
DIRECTOR	10e. STATE 10b. COUNT	gomery		y, town on locat	ION			10d. INSIDE CITY LIMITS? 1 [Y] YES 2 [ NO	
RAL	10. STREET AND NUMBER 13304 Ardennes A	<u> </u>			. ZIP COOE	851		OF WHAT COUNTRY?	
BY FUNERAL	11. MARITAL STATUS  1 Never Married 2 WMarried  3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	If yes, sp	ENDENT OF HISPA	NIC ORIGIN? (Specify Yean, Puerto Rican, etc.)	s or No— 14. I	ed States  RACE — American Indian, Black, White, etc.  Specify:  White	
COMPLETED	15. DECEDENT'S EDI (Specify only highest gradi Elementary/Secondary (0-12)		(Give kind of life, Do NOT u	usual occupation work done during mose retired.)	st of working	Draftin Enginee			
BE CON	17. FATHER'S NAME (First, Middle, Last) 18. MOTH					AME (First, Middle, Melder dine Juani	ta Mito		
2	Eileen C. Paul		5504 (	Camelot (	Lourt, F	rederick,	MD 2170	)1	
	20a, METHOD OF DISPOSITION  1 N Burlet 2 Cremation 3 Removal from State  4 Donation 5 Other (Specify)  20b. PLACE OF DISPOSITION (Name of cametery, crematory or other place)  Gate of Heaven Cemetery  20c. LOCATION - City or Town, State  Silver Spring, Maryl								
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY Rapp Funeral Services, P. A. 933 Gist Avenue, Silver Spring, MD 20910								
CERTIFICATION	23. PART I. Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	s. DUE TO (OR AS A	ech line.	Thrown:		topenic		Interval Between	
PHYSICIAN: MEDICAL CE	PART II. Other significant condition  Septicemia  Meume	, Adult R	out not resulting	ory Dis	1 -00 5-		RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO	
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:	patient 3 DOA	OTHER:	LACE OF DEATH (C	theck only one)			
ВУ РНУ	27. MANNER OF DEATH   Natural 5   Pending   Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TII	JURY WO	URY AT DRK?	28d. DESCRIBE HOW	INJURY OCCUR	ED	
	2 Putation	tie 6 Could not be 28s. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify) 28s. LOCATION (Street and Number or Rural Route Number, City or Town, State)						tural Route Number,	
COMPLETED	const. cray	SICIAN: To the best of my know						suse(e) end menner as stated.	
H	29b. SIGNATURE MIG TITLE OF CENTRE	Illuce	ema	)	29c. LICENSE NU	IMBER	29d. DATE 96	GNED (Month, Day, Year)	
0	30. HAME AND ADDRESS OF PERSON W	\	Mrdias	e, Print) (enter	Dr \$103	Rockvi	Ile, M	20850	
	APR 1 0 90	32 REGISTRAR'S SIGN	NATURE				•		

nsit permit. Pages 1, 2, 3 should

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TO THE FIGURE OF MICHORING ATTICIONAL THE INCHES OF THE IN	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely 📫 by the funeral director, page 5 should be deta	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or memoral.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumalic event, the medical examiner must be notified at once.
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								0 11100	
	1 - FOR STATE REGISTRAR	TATE OF MAR		RTMENT OF I		MENTAL HYGIEN REG. NO.	_		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH DA	Y YE	3. TIME DF DEATH	
	James W. Tassie	e				April 5,	1990	10:40am	
		8. A4	GE (In yrs. last birthday) 66 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) April 20.	C	IRTHPLACE (State or Foreign ountry) Scotland	
	9a. FACILITY NAME (If not institution, give street a	and number)		9b. CITY, TOWN	OR LOCATION OF DE		9c. COUNTY		
DIRECTOR	Potomac Valley Nurs	sing Cent	er	Rocky	ville		Monto	Jomery	
ַל	RESIDENCE OF DECEDENT  100. STATE 100. COUNTY			TY. TOWN OR LOCA	TION			10d. INSIDE CITY	
E			100. CI	I I, IOWN ON LOCA		_		LIMITS?	
	Maryland Mont	gomery			Rockvil	le	Las OFFICEN	Y YES 2 □ NO DF WHAT COUNTRY?	
FUNERAL				1 "			10g. CITIZEN	DF WHAT COUNTRY?	
N.	602 McIntyre Road  11. MARITAL STATUS  12.				20851			U.S.A.	
5	1 Never Married 2 Married	FDRCES? 1 Y Y	ES 2 NO	If yes, a	pecify Cuban, Mexica		1	RACE — American Indian, Black, White, etc.	
B		WII & KO		1 🗆 YE	S XX NO Specify	r.		Specify: White	
	15. DECEDENT'S EDUCATION		16a. DECEDENTS	S USUAL OCCUPAT	ION	16b, KIND OF BU	SINESS/INDUST		
ETED	(Specify only highest grade comp Elementary/Secondary (0-12) Co	oleted) ollege (1-4 or 5 +)	(Give kind of	work done during muse retired.)	ost of working	100 mm - 2 mm - 2 mm			
7	Elanama y coolidary (6 12)	4	Chief	of Polic	Α	Local	LGover	nment	
COMPL	17. FATHER'S NAME (First, Middle, Last)			10110		ME (First, Middle, Maiden		miche	
	Gavin		Tassi	ie	Mary			Weir	
BE	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or Tow	n, State, Zip Cod		
2	Antonie Tassie		602 N	McIntvre	Road, Ro	ckville, N	Marvlan	d 20851	
	20a. METHOD OF DISPOSITION		20b. PLACE DF DISPO				CATION — City		
	1 🗆 Burial 2 🔀 Cremetion 3 🗆 Removal 4 🗆 Donation 5 🗀 Other (Specify)	from State	other place) Montgomen	cv Crema	torium. T	nc. Be	ethesda	. Maryland	
	21. SIGNATURE OF FUNERAL SERVICE LICENS	EE	•	22. NAME /	NO ADDRESS OF FA	Robert	A. Pur	mphrey Funeral	
	Jan C	In (	) M0052	Home/	Rockvill	e, Inc. 3 ille, Mary	00 West	Montgomery	
	23. PART I. Enter the diseases, or com	plications that cau	used the death. Do		22.77				
	shock, or haart fallure. List			^	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,,	Interval Between Onset and Death	
	iMMEDIATE CAUSE (Final disease or condition	ASNIC	6 Han	Phehm	in in			16 000	
	reaulting in death) a	1			10000				
~	Due to (on as a consequence of):  Right (erebra) Stroke  3 month								
ō	Sequantially list conditions, if any, leading to immediate	DUE TO (DB	AS A CONSEQUENCE	OF):				5	
S	cause. Enter UNDERLYING CAUSE (Disease or Injury	Pseud	ommas	Sept	1 Cemlo			1 days	
Ē	that initiated events		AS A CONSEQUENCE		- 1 0			10 11	
CERTIFICATION	resulting in death) LAST	Congo	5 the H	teast f	allura			10 days	
T. 1	PART II. Other significant conditions co	ontributing to deal	th but not resulting	In the underlyi	ng cause given in	Part I. 24a, WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS	
PHYSICIAN: MEDICAL	Renal	Insute		,		PERFDI	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE	
	Anemia	24 00	-			1 YES :	∑ NO	OF DEATH?	
Σ	/3 (6 (3)	W. hu.	1 0.	marian	1 Museas	0		1 YES 2 NO	
AN	25. WAS CASE REFERRED TO MEDICAL	0531 ruc	141mm 120		PLACE OF DEATH (Ch				
딩	EXAMINER?	OSPITAL:	Outpatient 3 DOA	OTHER:	me 5 - Residence				
Η	27. MANNER OF DEATH	28e. DATE OF INJU	IRY 28b, TI	ME OF 28c. IP	JURY AT	28d. DESCRIBE HOW	INJURY OCCUR	ED	
	1 Natural 5 Pending	(Month, Day, Ye	ear) IP		YES 2 NO				
ВУ	2 Accident Investigation 3 Suicide & Could not be	28a. PLACE OF INJ	IURY At home, farm.	, street, factory, off	Ice	281. LOCATION (Street		tural Route Number,	
逆	4 Homicide 8 Could not be	building, etc. (	(Specify)			City or Town, State,	)		
Ę	29a. CERTIFIER	I. To the heat of my l	rowledge death occur	read at the time, do	e and place and due	to the serve(s) and ma			
COMPLETED	(Check only one) 2 MEOICAL EXAMINER: O							use(a) and manner as stated.	
ဗ	29b. SIGNATURE AND TITUE OF CERTIFIER				29c, LICENSE NUI				
BE	24 1	MAN	in MIN				N .	GNED (Month, Day, Year)	
5	30. NAME AND ADDRESS OF PERSON WHO CO	OMPLETEO CAUSE O	F OEATH (ITEM 27) /Thr	oe, Print)	D30250	J	Apri	il 5, 1990	
	Edward Movius, M.D				0 111	ersburg, M	arulan	3 20077	
		_ <u>5111 N</u>			יח + ובנו . קן				
	31. DATE FILEO (Month, Day, Year)	32 REGISTRAR'S	SIGNATURE		le, Gaith	ersburg, M	aryranc	1 20877	
		32 REGISTRAR'S			ie, Gaith	ersburg, M	aryranc	1 20877	

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DHMH-18 Rev 1/89

examiner must be notifie	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notifie	)
al.	The be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remon	
he funeral director, page 5 show	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should	1
r death. Page 6 may be retained	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retains	
BALLIMORE, MAH	DIVISION OF VITAL RECORDS, P.O. BOX 13146,	

	FOR 1 - STATE REGISTRAR	STATE OF MARYL		TMENT OF		MENT	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) Mildred S. Ti	racey				MO	TE OF DEATH		AR	TIME OF DEATH
			In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.		oril 2,			L2:10 p.M
		□ M 2 💢 F	7 4 <sup>YRS.</sup>	MONTHS DAYS	HOURS MIN.	(Mc	onth, Day, Year)	191	Country)	IOWA
	9a. FACILITY NAME (If not institution, give street	t and number)		9b. CITY, TOWN	OR LOCATION OF E	EATH		9c. COUNTY		
DIRECTOR	Montgomery Gene	eral Hosp:	ital	01	ney			Mont	gome	ery
E E	10s. STATE 10b. COUNTY		10c, CIT	Y, TOWN OR LOC	ATION				100	d. INSIDE CITY LIMITS?
	MARYLAND  10e. STREET AND NUMBER	MONTGOMERY			CR SPRING	,		10g. CITIZEN		YES 2 NO
FUNERAL	3404 CHISWICK COU	RT. APT. 1F		1		090	6	ing. GITIZEN	US.	
N		2. WAS DECEDENT EVER IN	U.S. ARMED		CENDENT OF HISPA	NIC ORI	GIN? (Specify Yes	or No.— 14.		American Indian, hits, etc.
BY F	1 Never Married 2 Married  3 Wildowed 4 Divorced	FORCES? 1 YES			pecify Cuban, Maxic S 2 XNO Spec		to Rican, atc.)		Specify:	WHITE
D B	15. DECEDENT'S EDUCAT	ION	18s. DECEDENT'S	LISUAL OCCUPAT	ION		16b, KIND OF BUS	INESS/INDUST	BY	
ETED	(Specify only highest grade con	npleted) College (1-4 or 5 +)		work done during r			ios, idilo or boo			
BC 2. 1	12		BANK	OFFICE			SOVRAN	BANK		
BE COMP	17. FATHER'S NAME (First, Middle, Last)	Q1			The state of the state of		st, Middle, Malden	Surname)		
1	Aloysius  198. INFORMANT'S NAME (Type/Print)	51	iea	1000000000		RY		RYAN	0	0006
임	ALCOHOL STREET, STREET	Y, JR.		IIDDLEBI	and Number or Rural				_	0906 , MARYLAND
	20g. METHOD OF DISPOSITION	206	PLACE OF DISPOS		ametery, crematory or			ATION - City		
	1 Donation 5 Other (Specify)	I from State	GATE OF	HEAVEN	CEMETERY		SILV	ER SPI	RING	, MARYLAND
Î	21. SIGNATURE OF EUMERAL SERVICE LICEN	DEE /	/	22. NAME	AND ADDRESS OF F	ACILITY				
1175	Sept 7.5	met		500"i	ŃĬvĔŔSĬĬ	Y Bi	LVD., W.	, SIL	SP	INC. .MD 20901
	PART I. Enter the diseases, Dr con ahock, Dr haert feliure. Lie	nplicetione that cause	the death. Do r	not enter the n	ode of dying, su	ch ae c	ardlec or reaple	ratory arrest		Approximete Interval Between
4	IMMEDIATE CAUSE (Final									Onset and Death
	resulting in death)	RESPIRATORY	CONSEQUENCE O	F)·						30 MIN
z		ADENOCHECIN	JOMA PR	ESUMBI	Y BROWN	HO	GENIC.	with		IWK
OIT	If any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE O	F):						
I.CA	CAUSE (Disease Dr injury	TRACHER	CONSEQUENCE O	SOPHAG	EAL COM	1 PRE	SSION			
CERTIFICATION	that initiated events resulting in death) LAST	50E 10 (0H A5 A	CONSEQUENCE	r).						į i
S	PART II. Other algnificant conditions of	postributing to death b	us and requising	in the underlyi	ne souss alves i	- Don't I	T 04- 110 011	ALITO BOY		TOTAL MATERIAL STREET
CAL	CACHEYIA, RESUME			in the underly	ng cause given i	n Part I.	. 24a. WAS AN PERFOR		AV	ERE AUTOPSY FINDINGS  MILABLE PRIOR TO  DIMPLETION OF CAUSE
MEDI	9.9(0)(11,110						1 TYES 2	<b>□</b> 140	OF	DEATH?
2										
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	ACCRITAL .		-	PLACE OF DEATH (C	heck only	y one)			
YSI	1 U YES 2 DANO 1	IOSPITAL:			me 5 - Residence	8 🗆 0	ther (Specify)			
	27. MANNER OF DEATH  1  Natural 5 Pending	(Month, Day, Year)	28b. TIN	JURY \	JURY AT /ORK?	28d.	DESCRIBE HOW II	NJURY OCCUR	ED	
ВУ	2 Accident investigation	28e. PLACE OF INJURY	— At home, farm,			281, L	OCATION (Street a	nd Number or I	Rural Rout	e Number
臣	3 Suicide 8 Could not be 4 Homicide determined	building, etc. (Spec	offy)			(	City or Town, State)			
COMPLETED	29a. CERTIFIER 1 CERTIFYINO PHYSICIA	N: To the bast of my know	ledge, death occurr	red at the time, de	ts and place, and de	s to the	csuse(s) and man	ner as stated.		
OMI	one) 2 MEDICAL EXAMINER:	On the basis of sxemination	n snd/or investigation	on, i <i>n</i> my opinion	death occured at th	s time, c	data and place, an	d dus to the c	Buse(s) Si	nd manner as stated.
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	ino M D	SALK		29c. LICENSE N				3	onth, Day, Year)
0 B	Steven T. Kar		0000	W_	D36.	525		1/3	90	
-	30. NAME AND ADDRESS OF PERSON WHO O	A, MD 470	OCIMANIC	LAH RI	, RUCKY	ILLE	MD	2085	2	
	31. DATE FILED (Month, Day, Year)	32 REGISTRAR'S SIGN	ATURE							

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E	8#	200
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after clean. Plan to may be	JIRE DILLES	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be m
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SPIT	HER.	5
S.	FUN	AN
불	出	OR
0	101	3
_	TO THE FUNERAL OIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the levels greatly, take 5 he filed within 72 hours after death with the State Debt, of Health and Mental Hydiene prior to burial, cremation, or removal.	, -
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	-	>

its use as the burial-transit permit. Pages 1, 2, 3 should

21203-3146

No.	STRAR		MARYLAND /	ERTIF					R	EG. NO.				
	IT'S NAME (First, Middle, La								2. DATE OF E	DAY		YEAR	3. TIME C	
	BERT	Ε.	TRUE						04	07	1		7:27	
	SECURITY NUMBER	5. SEX	6. AGE (In yrs. la		MONTHS	DAYS	HOURS	24 HRS.	7. DATE OF B (Month, Day	HRTN (, Year)		6. BIRTH Countr Oh	PLACE (Si	ate or Foreign
	1-5532	1 🔀 💥 2 🗆 F	70	YRS.					Aug. 2					
	Y NAME (if not institution, give	*					R LOCATIO		ATH	1		INTY OF D		
		2nd Avenue				atts	ville	9			Pr:	ince	Geor	ge's
RESIDEN	TE 10b. COUNTY			10c CI	Y. TOWN	OR LOCAT	ION					1	10d. INSI	DE CITY
Md Md	Md. Prince George				,	1phi							LIMI	
	T AND NUMBER	Thee deal,	50		Auc		. ZIP CODE		-	- 1	10a CIT	IZEN OF W		
970	9707 22nd Ave.							783		1	log. Off	USA		
970 11. MARITAL			T EVER IN U.S. AL	PMED	12	WAS DEC			IIC ORIGIN? (S	analty Van o	r No			ean Indian,
3 Widow	Married 2 Married red 4 Divorced	larried 2 Married FORCES? 1 XES 2				If yes, sp	elfy Cubs	n, Maxica	n, Puerto Rican	ı, etc.)	NO-	Black	y: White, at	C.
Element highs 17. FATHER	15. DECEDENT'S E (Specify only highest gr	DUCATION	16a, Di	ECEDENT'S	USUAL C	CCUPATIO	ON at an article		16b. KiN	D OF BUSIN	ESS/IN	DUSTRY		
Element	ery/Secondary (0-12)	College (1-4 or 5	- 04	Do NOT U	se retired.)		St OF WORK	·Ų		Not	Co		+ + + A	gency
highs	choo1			Eng	inee	r				Nat.	. 56	cull	Ly A	gency
17. FATHER	S NAME (First, Middle, Last)						18. MOTI	HER'S NA	ME (First, Middle	e, Maiden Su	imame)		1	
Mere	dith True						Je	ssie	Ellen	Reid	1			
19a. INFORM	MANT'S NAME (Type/Print)		19						Route Number, C			p Code)		
Shir	ley True			9707	22n	d Av	e A	delp	hi, Md	2078	33			
	D OF DISPOSITION	amount from State	20b. PLACE other p	OF DISPO	SITION (N	ame of cer	netery, cren	natory or				City or To		
4 Donat	ion 5 Other (Specify)	-1	Me	trope								Virg		
21. SIGNATO	22. NAME AND ADDRESS OF FACILITY HINES-RINALDI FUNERAL HOME 11800 New Hampshire Ave. Silver Spring. Md													
Sequential if any, les cause. Er CAUSE (C	ally list conditions, iding to immediate inter UNDERLYING Disease or injury ited events	b	MYOCATO (OR AS A CONSE	OUENCE (	OF):	ase.								
resulting	uiting in death) LAST													
PART II. S	Other aignificant condi	tiona contributing to	deeth but not	resulting	in the u	nderlyin	g cause	given in		PERFORM	ED?	24b	AVAILABL	TOPSY FINDING E PRIOR TO TON DF CAUSE 17
MED	÷ • • • • • • • • • • • • • • • • • • •						7		_				1 TYES	2 - NO
25. WAS CA EXAMP 1 X YE 27. MANNEF	SE REFERRED TO MEDICA					00.0	105.05.5	EATH OL						
O EXAMIP	ER?	HOSPITAL:			OTHE	R:			eck only one)					
27. MANNER	S 2 NO	1 Inpatient 2		-				ealdence	6 Other (Sp					
		(Month, I		286. TH	JURY	W	PURY AT	7.00	26d. DESCRI	BE NOW IN	JURY O	CCURED		
2 Ac	cident Investigation		Date and transport				YES 2 [	_ NO						
3   Su 4   No	3 Suicide 6 Could not be detarmined 26s. PLACE OF INJURY — At home building, atc. (Specify)						a, ferm, atreet, factory, office  281. LOCATION (Street and Number or Rural Route Number, City or Yown, State)					ber,		
4 No 29a, CERTIII (Check one)	only 1 CERTIFYING P	HYSICIAN: To the best of a											i) and men	mer as stated.
296. SIGNA	TURE AND TITLE OF CERT	HER DEDUTY	Medical	Exa	nine	C	29c. LIC	ENSE NUI	MBER		29d. DA	TE SIGNED	(Month, D	ay, Ybar)
0	a series	0	yers,	2	7	-	DO	9975	5			4/7/	90	
John	S. Rogers.	M.D., 191		-	-	Si				200	910	. , ,		
	ADD ( 9'Q)	32. REGISTR	AR'S SIGNATURE	dalle										

STA	TE OF MARYLAND	/ DEPARTMENT	OF HEALTH	AND MENTAL	HYGIENE
1	(	CERTIFICATE	OF DEAT	ГН	REG. NO.

	FOR 1 - STATE REGISTRAR	STATE OF MARY		MENT OF HEALTH AND	MENTAL HYGIEN	E	
	1. DECEDENT'S NAME (First, Middle, Last)			01 22	2. DATE OF DEATH		3. TIME OF DEATH
	BERESFORD 1	E. THOMAS			MARCH 2	22 90	10:15AM M
	4. SOCIAL SECURITY NUMBER			FUNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. B	IRTHPLACE (State or Foreign
	052-24-5318	1 2KM 2 - F 7		MINS DATS HOURS MIN.	Mar. 17,		ana, S. A.
-	9e. FACILITY NAME (If not institution, give			b. CITY, TOWN OR LOCATION OF	DEATH	9c. COUNTY C	DF DEATH
DIRECTOR	PRINCE GEORGE	'S HOSPITAL (	CENTER	CHEVERLY		PRIN	CE GEORGE'S
	10e. STATE 10b. COUNT			TOWN OR LOCATION			10d. INSIDE CITY LIMITS?
	Maryland Pr	ince George	Seat	Pleasant			1 X YES 2 NO
DINEMAL	10e. STREET AND NUMBER			101. ZIP CODE			OF WHAT COUNTRY?
	201 Peppermill D.	T		20743		u. s.	
2	11. MARITAL STATUS  1 Never Merried 2 Merried	12. WAS DECEDENT EVER FORCES? 1 YES	2 <b>X</b> NO	13. WAS DECENDENT OF HISP. If yes, specify Cuban, Mexic	can, Puerto Ricen, etc.)	1	RACE — Americen Indian, Black, White, etc.
	3℃ Widowed 4 □ Divorced	IF YES, GIVE WAR OR	DATES	1 YES 2 X NO Spec	offy:	Be	ack
1	15. DECEDENT'S EDI (Specify only highest grad		18a. DECEDENT'S US	UAL OCCUPATION k done during most of working	16b. KIND OF BUS	SINESS/INDUSTR	RY.
7	Elementary/Secondery (0-12)	College (1-4 or 8+)	Iffe. Do NOT use r	etired.)			
E		4 yrs.	Electric	al Engineer	Post 0		
3	17. FATHER'S NAME (First, Middle, Last)  John Thomas				NAME (First, Middle, Melden rice Decemb		1.0
	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING AI	DDRESS (Street and Number or Rura			e)
2	Elise A. Joyner			ppermill Dr.			
	20a. METHOD OF DISPOSITION  1 Description 2 Cremation 3 Rec	mount from State	other place)	ON (Name of cemetery, crematory of	20e. LO	CATION - City	or Town, State
	4 Donation 5 Other (Specify)	2-2 -2-1-1	Fort Linco	en Cemetery		ntwood,	
	21. SIGNATURE OF FUNERAL SERVICE L	JCENSEE (	1	22. NAME AND ADDRESS OF PUNCKNEY-Span	raler Funer	al Home	
	plodore	-C. Tinc	Kney	524 - 8th St.			
	23. PART I. Enter the diseasee, or abook, or heart fellure	complications that cause. Liet only one cause on		enter the mode of dying, at	uch se cerdlec or reep	lratory arrest,	Approximata Interval Between
	IMMEDIATE CAUSE (Final	0 '		1 0200	0000		Onset and Death
	disease or condition resulting in death)	· Canci	noma	· y yall	readd	els	
		DUE TO (OR AS	A CONSEQUENCE OF):	Uunth	metast	ases	
2	Sequentielly list conditions, if any, leading to immediate	b. DUE TO (OR AS	A CONSEQUENCE OF):	0 4 0 1			
5	ceuse. Enter UNDERLYING CAUSE (Disease or Injury	c					
	that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF):				
	Total Market State	d					
	PART II. Other algnificent condition		but not resulting in		In Part I. 24s. WAS AN		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
3	Gentie	vestina.	I tel	roding.	1 _ YES ;		COMPLETION OF CAUSE OF DEATH?
	Pylonic	- Olist	inclean	0			1 TES 2 NO
2	Rever	hail	1770	1			
SICIAIN.	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE OF DEATH (	Check only one)		
27	1 TYES 2 THO  27. MANNER OF DEATH	28a. DATE OF INJURY		□ Nursing Home 8 □ Residenc  DF 28c, INJURY AT	e 8 Other (Specify)  28d, OESCRIBE HOW	NAME OF THE PARTY	
	1 Afetural 5 Pending	(Month, Day, Year)			28d, DESCRIBE HOW	INJUNT OCCURE	
	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJUI	RY — At home, farm, stre		281. LOCATION (Street		ural Route Number,
1 20	4 Homicide determined	building, etc. (Sp	recity)		City or Town, State;		
7.6	29e. CERTIFIER (Check only 1 CERTIFYING PHY	SICIAN: To the best of my kno	wiedge, death occurred	at the time, date end place, and d	lue to the cause(s) end me	nner as stated.	
5	one) 2 MEDICAL EXAMIN	NER: On the basie of examinat	ion end/or investigation,	In my opinion, death occured at t	he time, date end place, er	nd due to the ce	use(s) and menner es stated.
ם	296. SIGNATURE AND TITLE OF CERTIFI	IER	0.5	29c. LICENSE N	IUMBER	29d. DATE SIG	GNED (Month, Day, Year)
	V. J-Che	indan	MD	. D16	380 1	13/	22190
	30. NAME AND ADDRESS OF PERSON W	/HO COMPLETED CAUSE OF D	1 1	rint)	0100	14	111000
	31. DATE FILED (Month, Day, Year)	tandar 32. REGISTRAR'S SIG	60011	Landone	Ka Cae	nerly	:Md 30/85
- 1		JE. REGISTRAN S SIG	MAN DUE			~	
	MAR 28 '90	Luda Triidron To	2 4 00				

DHMH-18 Rev 1/89

	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, if the filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.		
	ansit perm		
g physicial	e burial-tra		
r attending	use as th		
hospital o	ached for	.00	
ed by the	old be det	no te be	
be retain	age 5 shor	be notifie	
age 6 may	director, pa	r must	
r death. Pr	e funeral	examine	
ours afte	ed in by the	is any injury, or other traumatic event, the medical examiner must	
within	remation cremation	rent, the	
executed	n and con to burial,	imatic e	
rtificate be	ng physicia piene prior	other tra	
e death ce	he attendir Mental Hyg	Jury, or	
res that th	ealth and	rs any in	
law requi	Dept. of H	23 show	
ICIAN: The	sertificate the State	or item	
ING PHYS	After this cleath with	marked	
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within . Jurs after death. Page 6 may be retained by the hospital or attending physician.	IRECTOR: /	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
DSPITAL D	JNERAL DI	NT: If It	
THE H	THE FL	MPORT/	

-	FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND I CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.	
1. C	DECEDENT'S NAME (First, Middle, Last)		2. DATE OF DEATH	Ī

	1. DECEDENT'S NAME (First, Middle, Last)					2.	DATE OF DEATH		3.	TIME OF DEATH
7.	WINFIELD CHESTER T	WITCHE	T.T.				4 0		90	0120 A M
- 3		GE (in yrs. last i		UNDER 1 YEAR	IF UNDER	24 HRS. 7.	DATE OF BIRTH		BIRTHPLA	ACE (State or Foreign
	034-07-3782 1 № 2 □ F	76Y	YRS. MOR	THE DAYS	HOURS	MIN.	(Month, Day, Year) 03-27-14		Country)	mont
	9e. FACILITY NAME (If not institution, give street end number)		9b.	CITY, TOWN	OR LOCATION	ON OF DEATH		9c, COUNT		
E	Union Hospital			Elk	ton			Cec		
5	RESIDENCE OF DECEDENT									
REC	10e. STATE 10b. COUNTY		10c. CITY, TO	WN OR LOCA	HOIT	_			10	d. INSIDE CITY LIMITS?
ā	Maryland Cecil		Ri	sing	Sun					YES 2 NO
AL	10e. STREET AND NUMBER				H. ZIP CODI			10g. CITIZE	N OF WHA	T COUNTRY?
EB	488 Fe <b>41</b> Road			2	2191	1		U.S.	Α.	
BY FUNERAL DIRECTOR	11. MARITAL STATUS  12. WAS DECEDENT EVE FORCES? 1 Y	R IN U.S. ARM	ED				ORIGIN? (Specify Yee ruerto Rican, etc.)	or No- 1	4. RACE -	American Indian, hite, etc.
Y	1 Never Merried 2 Merried IF YES, GIVE WAR OF				S 2 NO		deno rican, etc.)			White
TEL	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DEC	EDENT'S USU kind of work	AL OCCUPATI done during m ired.)	ON ost of working	ng	16b. KIND OF BUS	SINESS/INDU	STRY	
Ë	Elementary/Secondary (0-12) College (1-4 or 5+)						D			
M	4	Med	chani	cal I				pont		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOT		(First, Middle, Maiden		3 4	0 1 0 5
BE	Lemuel Twitchell						eorgian			eton
2	19e. INFORMANT'S NAME (Type/Print)	19b.					te Number, City or Town	,		1.1
	Doris Twitchell						ing Sun			
	1 - Buriel 2 - Cremation 3 - Removal from State	20b. PLACE O	<b>a)</b>	,				CATION — CI		
	4 Donation 5 Other (Specify)	Calva	ary B	aptis	st Ce	emete	ry Risi	ng Si	ın M	a.
	El al mil		1					T .	f= 1	C+
	Colward MI, 11/0/Reo	w	h				lome 259			St.
	23. PART I. Enter the disesses, or complications that cau shock, or heart fellure. Liet only one cause of	sed the dea	th. Do not	enter the m	ode of dy	Ing, euch a	s cardiac or reepi	ratory srre	st,	Approximate
	HAMEDIATE CALLOE /FII				,					interval Between Onset and Death
	disease or condition resulting in death)	dia	c. 0	ines	1					
		S A CONSEOL	JENCE OF):							
z	C h									
CERTIFICATION	If any, leading to immediate	AS A CONSEOL	JENCE OF):							
2	cause, Enter UNDERLYING CAUSE (Disease or Injury						_			
#	that initiated events resulting in deeth) LAST	A CONSEOL	JENCE OF):							
H	d.									
7	PART II. Other significent conditions contributing to deat	h but not re	sulting in ti	ne underlyir	ng cause	given in Pa				ERE AUTOPSY FINDINGS
MEDICAL							PERFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE	
0							1 1 163 2	-		DEATH?
							-		1 "	_ TES 2 _ NO
A	25. WAS CASE REFERRED TO MEDICAL			28. F	PLACE OF D	EATH (Check	only one)			
Sic	EXAMINER? HOSPITAL:  1	Dutnetlant 3		THER:			Other (Specify)			
PHYSICIAN:	27. MANNER OF DEATH 28e. DATE OF INJUI		28b. TIME OI		JURY AT		d. DESCRIBE HOW I	NJURY OCCU	IRED	
	1 Natural 8 Pending (Month, Dey, Yel	nr)	INJURY		ORK? YES 2	NO				
ВУ	2 Accident Investigation 3 Suicide 8 Could not be 28e. PLACE OF INJ	URY At horr	e, farm, stree				Bf. LOCATION (Street a	and Number o	r Rural Rout	n Number
		Specify)					City or Town, State)			
W 1	3 Suicide 8 Could not be building, atc. (									
LETE	4 Homicide determined building, etc. (									
MPLETE	4 Homicide determined building, atc. (3									
COMPLETE	29a. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On the basic of examin									nd manner as stated.
BE COMPLETED	4 Homicide determined building, atc. (3				death occu		ne, date end place, en	d due to the	cause(e) e	onth Day, Year)
BE	29a. CERTIFIER (Check only one)  29b. SIGNATURE AND TITLE OF CERTIFIER  ACCERTIFIER  The basic of examination of the basic of examination of examination of the basic of examination of the basic of examination of the basic of examination of the basic of examination of examina	etion end/or in	vestigation, is	n my opinion,	death occu	red at the tim	ne, date end place, en	d due to the	cause(e) e	
ш	29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the baet of my king one) 2 MEDICAL EXAMINER: On the baete of examin  29b. SIGNATURE AND TITLE OF CERTIFIER  30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF	etion end/or in	vestigation, is	n my opinion,	death occu	red at the tim	ne, date end place, en	d due to the	cause(e) e	
BE	29a. CERTIFIER (Check only one) 2   MEDICAL EXAMINER: On the basic of examin  29b. SIGNATURE AND TITLE OF CERTIFIER  30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF	E DEATH (ITEM	27) (Type, Prin	n my opinion,	death occu	red at the tim	ne, date end place, en	d due to the	cause(e) e	
BE	29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the baet of my king one) 2 MEDICAL EXAMINER: On the baete of examin  29b. SIGNATURE AND TITLE OF CERTIFIER  30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF	E DEATH (ITEM	27) (Type, Prin	n my opinion,	death occu	red at the tim	ne, date end place, en	d due to the	cause(e) e	

TO BE COMPLETED BY FUNERAL DIRECTOR

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	DING PHYSICIAN: The law requires that the death certificate be executed within	t. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, and the state Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	marked, or Item 23 shows any injury, or other traumatte event, the medical examiner must be notified at once,
	90	fter ath	E
1	ION		65
	H	afte afte	28
	A H	IRE US	E
	THE HOSPITAL OR ATTENDI	TO THE FUNERAL DIRECTOR: be filed within 72 hours after	IMPORTANT: If item 28 is
	PITA	ERA P 72	1.
	8	SE	XX
	부	무용	DHI
	H C	T O	N. P.
	F	FA	1

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE		STATE OF MARYL			OF HEALTH AND		_	0 114
REGISTRAR			CERTIF	CALE	OF DEATH	REG. NO.		
1. DECEOENT'S NAME (FIRST,	Middle, Last)						AY Y	
		BELL	TAYLOR					
						7. DATE OF BIRTN (Month, Day, Year)	8.	BIRTHPLACE (State or For Country)
l 95-40-535	1	1 X M 2 F	95 YRS.			1/28/18	95	New York
Be. FACILITY NAME (If not in	stitution, give stree	et and number)		9b. CITY,	TOWN OR LOCATION OF D	EATH	9c. COUNTY	OF DEATH
Parrett Co	Memo	rial Hosp	ital	Oak	cland,		Garr	ett
IOa. STATE	10b. COUNTY		10c. CITY	, TOWN OF	LOCATION			10d. INSIDE CITY
(D)	Ca	rrott	0.0	1-1	a			
	<u> </u>	ILLEPP		KLar	101, ZIP COOE		10a, CITIZEI	
C D					110.000 1.000		1091 011122	
								USA
		FORCES? 1 YES	N U.S. ARMEO				1 or No 14	. RACE — American India Black, White, atc.
		IF YES, GIVE WAR OR E	ATES	1	YES 2 NO Specif	fy:		Specify:
21								
15. DEC (Specify onl)	EDENT'S EDUCAT highest grade co	TION Impleted)	(Give kind of w	vork done de		16b. KIND OF BUS	SINESS/INDUS	TRY
Elementary/Secondary (0	<b>⊢12</b> )	College (1-4 or 5 +)	Me. Do NOT us	e retired.)				
9th			Homem	aker	•	Own 1	Home	
7. FATHER'S NAME (First, M	iddle, Last)				18. MOTNER'S N/	The state of the s		
oseph And	raws				Daneil	1 - 112 -1		
			195 MAILING	ADDRESS			on State 7to Co	ardo)
			Rt.	6, F	80x 107: 0			
QA METHOD OF DISPOSIT	iON on 3 🗆 Remove	el from State	<ul> <li>b. PLACE OF DISPOS other piece)</li> </ul>	SITION (Nan	ne of cemetery, crematory or	20c. LO	CATION — CIT	y or Town, State
		R	ound Hi	11 C	emeterv	Elis	zabetl	Townshi
1. SIGNATURE OF FUNERA	SERVICE LICE					ACILITY		
► // L.	. 1)	(10,000		N	lewman Fun	eral Home	es. P	Α.
A CAC	mu /	purman		G	rantsvill	e, MD 2	1536	• • • • • • • • • • • • • • • • • • • •
23. PART I. Enter the d	iseases, or con	molications that cause	d tha daeth. Do n	ot anter t	the mode of dying, suc	ch as cardiac or resp	Iratory arres	t, Approxima
		st only one cause on a	esch line.					
disease or condition	iai	Phous	MANIG					
resulting in deeth)	a.							
		1 . 1		,				
Sequentially list condit	one b.	Leth	argy					
if any, leading to imme	diate g	DUE TO (OR AS	A CONSEQUENCE OF	F): /	1	/ /		
		Cere	Dvo Vasc	Ulaw	- HOCI de	en T.		
	"'							
resulting in death) LAS	T							
			but not resulting i	in tha und	derlying cause given in	Part I. 24s. WAS AN		
$D_1$	abet	es						COMPLETION OF C
							- Deno	
						_		1 YES 2 N
	-	HOEBITAL				heck only one)		
1 YES 2 NO			petient 3 DOA			6 Other (Specify)		
7. MANNER OF OEATN		28s. OATE OF INJURY		E OF	28c. INJURY AT		INJURY OCCUI	REO
		(Month, Day, Year)	INJ	W				
Accident	investigation	200 BLACE OF W. 117	Y A1500 1					
3 Suicide 6	AND MULBER  SOL 20 COSE  STATUS  STATU							
4 [] Homeson	OERSTINITIOG					4.4		
LOCAL SECURITY WARREN  LECT A. DOCK 1974. Not for the formation of the control of								
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SO. BIGHATURE AND TITLE	OF CONTINUES	. //			29c. LICENSE NU	MBER	29d. DATE 9	IGNEO (Month, Day, Year)
( **	601	2//			D23979		14/1	1/90
	1	and the second			1243313			

DSE OF DEATN (ITEM 27) (Type, Print)

311 N, 4th St. Oakland, MD

Goralski, MD; 31

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21550

DIVISION OF VITAL RECORDS, F.O. BOX 13146, BALLIMORE, MARTLAND 21203-3146
I THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
1 THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3
flied within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

										2	U	11492		
		FOR 1 _ STATE	STATE OF MARYI					MENTAL	HYGIENI	E				
- 1		REGISTRAR		CERTI	FICATE	E OF	DEATH		REG. NO.					
		1, DECEDENT'S NAME (First, Middle, Last)		1.0				MONTH DAY YEAR				TIME OF DEATH		
		4. SOCIAL SECURITY NUMBER	JUANITA  5. SEX 6. AGE	(In yrs. lest birthde	-	SSELI	IF UNDER 24 HRS.	Apri	1 12,			CE (State or Foreign		
E.		111-05-8034	1 M 2 M F		MONTHS	DAYS	HOURS MIN,				Country)	LE (State or Foreign		
		9a. FACILITY NAME (If not institution, give :	,	87 YRS.		TOWN O	R LOCATION OF DE		-18-	9c. COUNTY	GA	ш		
3 25	Œ	Memorial H			Cumberland Allegany									
1, 2,	6	RESIDENCE OF DECEDENT	OSPILAI			Jumbe	LIAM			Al	rega	ny .		
Pages	DIRECTOR	MD 106. STATE 106. COUNT	llegany	10c. C	CITY, TOWN	LaVa						d. INSIDE CITY LIMITS? YES 2 NO		
burial-transit permit. Pages		100. STREET AND NUMBER 300 Nationa	l Hwy.				ZIP CODE 21502			-	USA	T COUNTRY?		
urial-trans	FUNERAL	11. MARITAL STATUS  1 Never Merried 2 Merried	12. WAS DECEDENT EVER FORCES? 1 YES	2 NO		If yes, spe	ENDENT OF NISPAN	n, Puerto Ri		or No- 14	o— 14. RACE — American Indian, Black, White, etc.			
filled in by the funeral director, page 5 should be detached for use as the buriat-transion, or removal.  the medical examiner must be notified at once.	ETED BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR I				2 NO Specify				Specify:	white		
for use		15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		(Give kind in the Do NOT	of work done use retired.)	during mos	N st of working	16b.	KIND OF BUS	INESS/INDUS	TRY			
be detached for at once.	COMPLET	12	Ford	Moto	r Co	)								
detach once.	8	17. FATHER'S NAME (First, Middle, Last)					18. MOTNER'S NA	ME (First, M	ddle, Maiden	Surname)				
ad be	H	Ira Allen		Control on				$_{ m Hic}$						
5 should notified	2	196. INFOHMANT'S NAME (type/Frint)  196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)												
page :		Mrs. Nita Schn 20a. METNOD OF DISPOSITION	4	CUM  b. PLACE OF DISE				502	200 100	CATION — CIT	or Young	State		
rector, p		1 M Burisi 2 Cremetion 3 Ren 4 Donetion 5 Other (Specify)	noval from State	other place)			al Park			nberl				
tuneral dii L examiner		21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE		22.	NAME AN	PARORESS OF EA	cil Fun						
the funeral director, yal. al examiner musi		Yores & Carpelli Cumberland, MD 21502												
d in by the or removal medical		23. PART I. Enter the diseases, or complicatione that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, abock, or heart feilure. List only one cause on each line.    Approximate interval Between Onset and Death												
pletely filled in cremation, or re rent, the med		IMMEDIATE CAUSE (Fine) disease or condition a. CAF resulting in death) a. CAF												
omplete al, crem event,		resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):												
an and or to buni	ERTIFICATION	Sequentially list conditions, if any, leeding to immediate  b. Due TO (OR AS A CONSEQUENCE OF):												
hysicil prior	S	cause. Enter UNDERLYING CAUSE (Disease or Injury	c		V							-		
ding p lygiene	빏	that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE	OF):									
atten mtal 1-	S		d									<del>                                     </del>		
by the and Me	EDICAL	PART ii. Other algnificant condition	ne contributing to death	but not resulting	ig in the u	nderlying	g cause given in	Part I.	24a. WAS AN PERFOR	MED?	AM	ERE AUTOPSY FINDINGS WAILABLE PRIOR TO DIMPLETION OF CAUSE		
igned lealth VS af								-	1 TES 2	₽ NO	OF	DEATH?		
of H	Σ							-			1	YES 2 NO		
has b Dept.	AN	25. WAS CASE REFERRED TO MEDICAL	T			26 PI	ACE OF DEATH (Ch	anck only one	1)					
State	SICIAN:	EXAMINER? 1   YES 2   NO	HOSPITAL:	tnetlest 1 🗆 DO	OTHE	R:								
certifice the	PHY	27. MANNER OF DEATN	28e. DATE OF INJURY	28b.	TIME OF	28c. INJ				NJURY OCCU	RED			
r this h with		1 Natural 5 Pending	(Month, Day, Year)		INJURY M		RK7 (ES 2 NO							
TO THE FUNEXAL DIRECTOR, After this certificate has been signed by the attending physician and completely be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremating within 72 hours after the marked, or Item 23 shows any Injury, or other traumatic event, it	ED BY	2 Accident investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJUR building, etc. (Sp	RY — At home, fam	m, street, fac	tory, office			TION (Street a r Town, State)	and Number or	Rural Rout	e Number,		
OUIS S	Ē	290. CERTIFIER	DICTAN, Ye the bank of an	undandara da ak		4			42					
NERAL I	COMPLET	(Check only	SICIAN: To the best of my kno ER: On the basis of examinati									nd manner ee stated.		
HE FU	ш	296. SIGNATURE AND TITLE OF CERTIFIE	ER /	11/	12/0	,_	29c. LICENSE NU	MBER		29d. DATE S	SIGNED (M	onth, Day, Year)		
De ad	TO B	1+ 11/se	rusp	7/1	2/ (	0	D289	10		4	-13-	-90		
		30, NAME AND ADDRESS OF PERSON W	NO COMPLETED CAUSE OF D	DEATH (ITEM 27) /7	Vne Print)									

Memorial Hospital Medial Building Cumberland, Md. 21502
32. REGISTRAR'S SIGNATURE Dr. H. C. Merrick 31. DATE FILED (Month, Day, Year)

APR 1 6 1990

30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page a	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be 🛤
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						30 11493					
	1 - FOR STATE REGISTRAR	TATE OF MARYLAND / I	DEPARTMENT OF I		NTAL HYGIENE REG. NO.						
	1. DECEDENT'S NAME (First, Middle, Last) THOMAS TO 4. SOCIAL SECURITY NUMBER 5. S.	EX 8. AGE (In yrs. lest	"	IF UNDER 24 HRS. 7.		3. TIME OF DEATH 3. OP M BIRTHPLACE (State or Foreign					
	98. FACILITY NAME (If not institution, give street at	M 2 G F 9Z	YRS. MONTHS DAYS	HOURS MIN.	15.2.1891	MARYLAND					
TOR	ASMI August of Decement										
DIRECTOR	10e. STATE 10b. COUNTY	ACD!	10c. CITY TOWN OR LOCA	TION S	, m)	10d. INSIDE CITY LIMITS? YES 2 \( \text{NO} \) NO					
FUNERAL	100. STREET AND NUMBER	reet	10	2140	( US	N OF WHAT COUNTRY?					
BY FUN	11. MARITAL STATUS  1 Never Merried 2 Merried  3 Wildowed 4 Divorced	WAS DECEOENT EVER IN U.S. ARM FORCES? 1 ☐ YES 2√7NC IF YES, GIVE WAR OR DATES	MED 13. WAS DEC	ORIGIN? (Specify Yes or No	. RACE — American Indian, Black, Whits, etc. Specify: BLACK						
CED	15. DECEDENT'S EDUCATION (Specify only highest grade complete)	leted) (Give	EOENT'S USUAL OCCUPATI re kind of work done during me	ON pat of working	16b. KIND OF BUSINESS/INDUS						
MPLET	Elementary/Secondary (0-12) College (1-4 or 5 +) PLUMMER CITY OF ANNAPO:  17. FATHER'S NAME (First, Middle, Last)  TOM: THANA C										
BE CO											
TO B	196. INFORMANT'S NAME (Type/Print) ROSALEE ROBERTS		MAILING ADDRESS (Street S MORRIS ST.		Number, City or Town, State, Zip Co , MD. 21401	ide)					
	20a. METHOD OF DISPOSITION 1 X BurlsI 2 Cremetion 3 Removal fi 4 Donation 5 Other (Specify)	rom State other place	OF DISPOSITION (Name of ce		20c. LOCATION — CIT						
	21. SIGNATURE OF FUNERAL SERVICE LICENSE		22. NAME A	IN I ND ADDRESS OF FACILIT	ANNAPOLIS,	ANNAPOLIS, MD.					
	Lan A.	Rese			214 & SONS MORTUAR	01					
	23. PART i. Enter the diseases, or comp shock, or heart fellure. List of		ath. Do not enter the me								
	iMMEDIATE CAUSE (Finel disease or condition resulting in deeth)  Onset end Deeth										
7	DUE TO LOR AR A CONSEGUENCE OF):										
ATIO	Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING	DUE TO OR AS A CONSEQU	WENCE OF):								
ERTIFICATION	CAUSE (Disease or injury thet initiated events reauting in death) LAST	DUE TO JOR AS A CONSECU	UENCE OF):								
O	PART II. Other significant conditions con	ntributing to deeth but not re	esulting in the underlying	og cause given in Par	t i. 24s. WAS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS					
MEDICAL	generalized	ne Pero	l fail	me,	PERFORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1  YES 2  NO					
SICI/		SPITAL:	OTHER:	ne 5 Residence 8							
PHYSICIAN:	27. MANNER OF OEATH  1/2 Natural 5 Pending	28e. OATE OF INJURY (Month, Day, Year)	28b. TIME OF 28c. IN		d. OESCRIBE HOW INJURY OCCU	RED					
тер ву	2 Accident Investigation 3 Suicide 8 Could not be determined 28a. PLACE OF INJURY — At home, farm, street, factory, offics City or Town, State) 28b. LOCATION (Street and Number or Rural Rout City or Town, State)										
COMPLET	(order only o	To the best of my knowledge, dea									
ш	296 SIGNATURE AND TO E OF CERTIFIER	A SAMPHINITUM STOOM II	Opinion, in my opinion,	290 LICENSE NUMBE		SIGNEO (Month, Day, Year)					
TO B	30. NAME AND ADDRESS OF PERSON WHO CO	MPLETED CAUSE OF DEATH LITTER	20Viles Print	1,0044	77 174	17190					

Julia Daydon Rindell

4.

be filed within 72 hours after death with the State Dept. of Health and Mental Pyglene prior to burat, cremation, or ramoval. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. 1 - STATE REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

REGISTRAR		CERTIF	ICATE OF	DEATH	REG. N	Э.				
1. DECEDENT'S NAME (First, Middle, Last)							3. TIME OF DEATH			
CHARLES		ITUS			APRIL 4		11.01			
4. SOCIAL SECURITY NUMBER 139-20-4262	5. SEX 6. AG	62 YRS.	IF UNDER 1 YEAR MONTHS DAYS	#F UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) APRIL 9,		BIRTHPLACE (State or Foreign Country) WISCONSIN			
9a, FACILITY NAME (If not institution, give	street end number)	02	9b. CITY, TOWN	OR LOCATION OF D			Y OF DEATH			
NAVAL HOSPITAL				ENT RIVER			MARY'S			
RESIDENCE OF DECEDENT  10a, STATE  10b, COUNT	TY.	10c. CIT	Y. TOWN OR LOC	ATION			10d. INSIDE CITY			
	. MARY'S		RIDGE				LIMITS?			
10e. STREET AND NUMBER			1	of. ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?			
STAR ROUTE, BOX	134, BAYNE	ROAD		20680		U.S	S.A.			
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 V YI IF YES, GIVE WAR OF W.W.I	R IN U.S. ARMED ES 2 NO R DATES	MED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuben, Mexicen, Puerto Rican, etc.) 1 VES 2XXNO Specify:  14. RACE — American Black, White, etc. Specify: WHITI							
15. DECEDENT'S EDI	UCATION		USUAL OCCUPAT	ION	16h KIND OF B	USINESS/INDU	RTRY			
(Specify only highest grad			work done during n							
Elementary/Secondary (0-12)	College (1-4 or 5+)	ELECT	PRONTC 3	TECHNICIA	N CT	JIL SER	VICE			
17. FATHER'S NAME (First, Middle, Last)		L DEEC.	TWOINTO 1		ME (First, Middle, Maide		VVIOD			
JOSEPH CLYDE TI	THE									
	102				ETTA KARS					
19e. INFORMANT'S NAME (Type/Print)					Route Number, City or 'R					
CECILIA R. TITU					RIDGE, MA	ARYLANI	20680			
20a. METHOD OF DISPOSITION 1 A Burlai 2 Cremetion 3 Rec	noval from State	20b. PLACE OF DISPO	SITION (Name of o	emetery, crematory or	20c. i	OCATION — CH	ly or Town, State			
4 Donation 5 Other (Special		ST. MICH	HAEL'S C	CATHOLIC	R	DGE. M	IARYLAND			
SIGNATURE OF FUNERAL SONVICE L	ceyers /	1 1		AND ADDRESS OF FA	CILITY					
Tolling of Al	Ka Al	0/	BRIN	NSFIELD F	UNERAL HO	1E				
Sequentielly list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):										
resulting in deeth) LAST	d,									
PART ii. Other significent condition	ne contributing to deat	h but not moulting	in the underho	na ceuce chen in	Bart I 24a NBC	UN AUTOPSY	24b. WERE AUTOPSY FIND			
- Constitution of the cons	The contributing to deal	Tour not resulting	in the underly	ng causa given in		ORMED?	AMAILABLE PRIOR TO COMPLETION OF CAL OF DEATH?			
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. OTHER:	PLACE OF DEATH (C	heck only one)					
1 YES 2 NO	1 Inpetient 2 ER/C	Outpatient 3 DOA		ome 5 🗆 Residence	8 Other (Specify)					
27. MANNER OF DEATH	28a. DATE OF INJUI (Month, Day, Yea			NJURY AT YORK?	28d. DESCRIBE HOV	INJURY OCCU	RED			
1 Natural 5 Pending 2 Accident Investigation		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		YES 2 NO						
3 Suicide 8 Could not be determined	28e, PLACE OF INJ	URY — At home, ferm, Specify)	street, factory, of	lice	28f. LOCATION (Streetly or Town, Sta	et and Number of te)	Rural Route Number,			
enel di	SICIAN: To the best of my ki						i. couse(e) and manner as state			
29b. SIGNATURE AND TITLE OF CERTIFIE						_				
290. SPRINATURE AND TITLE OF CENTRAL	0/0	. 1		29c. LICENSE NU	N C . C	29d. DATE	BIGNED (MUNIN, Day, Year)			
00 71	with the	17)		014.	11)	1 7	13/70.			
30. NAME AND ADDRESS OF PERSON W			Sale Hilliam				/			
WILLIAM D. BOYD,	II, M.D.,	17 JEFFERS	SON STRE	EET, LEON	ARDTOWN, I	MARYLAN	ID 20650			
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S S									
APR 05 'On	0. 20	. 50								



## TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 wours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 3 sizned he filed within 72 hours after death with the State Dept. or Health and Merital Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notitied at once.

	FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND I CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.
D	ECEDENT'S NAME (First, Middle, Last)		2. DATE OF DEATH

	1. DECEDENT'S NAME (First,	Middle, Last)								2. DATE OF DEATH	DAY	YEAR	3. TIME OF DEATH	٦
	Edith Ta			March 24, 1990 120 M										
	4. SOCIAL SECURITY NUME	ER	5. SEX	6. AGE (In yrs. les	st birtnday)	IF UNDER			R 24 HRS.	7. DATE OF BIRTH		6. BIRTI	HPLACE (State or Foreign	$\neg$
	214-30-1803		1 M 2 K F	96	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year) August 18,	1893	Per	nsylvania	
	9a. FACILITY NAME (If not in			_			9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH							П
OR	Washington	cal		F	Hage	rsto	wn		Was	shing	gton			
2	RESIDENCE OF DEC		10c, CIT	Y, TOWN	OR LOCA	TION					10d. INSIDE CITY	$\exists$		
E	Maryland	con				town					LIMITS?			
7	10s. STREET AND NUMBER		maorians.	-	<u> </u>	1100	$\sim$	. ZIP COD	E		10g. Cr	TIZEN OF	WHAT COUNTRY?	┪
FUNERAL DIRECTOR	725 Washing	ton Av	zenue				21740 USA						Ì	
S	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S.									IIC ORIGIN? (Specify )	ea or No-	14. RAC	E — American Indian,	╛
BY F	1 Never Married 2 3 Widowed 4 Olvo			YES 2 X	NO			2 NO		n, Puerto Rican, atc.)		Spec		ı
	Λ										221052400		WIITCE	4
IEI	(Specify only	EDENT'S EDUC y highest grade	completed)	(G	CEDENT'S	Work done	during mo	ON ast of work	ing	16b. KIND OF 8	USINES\$/IN	IDUSTRY		
COMPLETED	Elementary/Secondary (0	)-12)	College (1-4 or 5	+) "	(Give kind of work done during most of working life. Do NOT use retired.)  Homemaker					Home				-
ME	17. FATHER'S NAME (First, M	liddle, Last)			-			18. MOT	HER'S NA	ME (First Middle Maide	n Sumame)			$\dashv$
Ö	Ezekiel G.		m				18. MOTHER'S NAME (First, Middle, Melden Surname)  Kate C. Reid							_
BE	19a. INFORMANT'S NAME (		***	19	b. MAILING	ADDRES	S (Street			Route Number, City or To	wn, State, Z	lip Code)		ᅥ
2	William G.	Tarsu	S		737	Wash	ingt	on A	venu	e Hagers	town,	Md.	21740	- 1
	20a, METHOD OF DISPOSIT			20b. PLACE other pl	OF OISPO	SITION (N	ame of ce	metery, cre	matory or		OCATION -			
	1 XBurial 2 ☐ Cremetic 4 ☐ Donation 5 ☐ Other		oval from Stata		r Lav	vn Me	emor	ial	Park		Hag	erst	own, Md.	
	BY SIGNATURE OF FUNERA	L SERVICE LIC	THISEE '	101					ess of fa		TAT :	Dotor	noo Charach	٦
	Spiala	11.	IIMM	/ww/				al H					mac Street Maryland	- 1
	23. PART I. Enter the												Approximate	$\exists$
	shock, or h IMMEDIATE CAUSE (Fli		List Dnly Dne ga	use on each line	B.	,	0.		00	•			Onset and Deat	
	disease or condition resulting in death)  a. Verticular forul atom													
	DUE TO (OR AS A CONSEQUENCE OF):													
z	Sequentially list conditions, Due to (or as a consequence of):													
E	If eny, leeding to imme	OUENCE O	F):	201		1.4	10. T	) • (						
2	ceuse. Enter UNDERLY CAUSE (Disease or inju		c. DUE TO	(OR AS A CONSE	CUENCE O	wru	e	Y	TVT	J V	150	ise		4
Ë	that initiated events resulting in deeth) LAS	т	DOE 10	(OH AS A CONSE	OUENCE U	r):		U		O			İ	- 1
		d												
MEDICAL CERTIFICATION	PART II. Other significa	ent condition	s contributing to	deeth but not	resuiting	in the u	nderlyir	g ceuse	given in		N AUTOPS	7 24	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	8
2										1 _ YES	2 🗌 NO		COMPLETION OF CAUSE OF DEATH?	
MEI													1   YES 2   NO	
ż														
PHYSICIAN:	25. WAS CASE REFERRED T EXAMINER?	O MEDICAL	HOSPITAL:			OTHE		LACE DF	DEATH (Ch	eck only one)				$\dashv$
YSI	1 TYES 2 ND			☐ ER/Outpatient :	_	4 🗆 Nu	rsing Hor		Residenca	6 Other (Specify)				4
	27, MANNER OF DEATH  1 Netural 5	Pending	28a. DATE O (Month,	Day, Year)	26b. TIA	JURY M	W	JURY AT ORK?	□ wo	28d. DESCRIBE HOY	INJURY O	CCURED		
BY	2 Accident	Investigation	26e PLACE	OF INJURY — At h	ome ferm	etreat for		YES 2	□ NO	28f. LOCATION (Stre	of and Numb	er or Prins	Boute Number	$\dashv$
ED	3 Suicide 6 4 Homicide	Could not be determined	building	, atc. (Specify)	Ome, term,	atreet, rec	ory, one			City or Town, Ste		or or ribrer	route Number,	
COMPLETED	29a, CERTIFIER													┥
MP	(Check only									to the cause(e) and r			(a) and manner on about	
8				INTERPRETATION SERVICE	HIVESTIGATE	on, in my	opinion,						(a) and manner as stated.	Ц
BE	29b. SIGNATURE AND TITLE	OFFICIAL	Sin					-	CENSE NUI	and the same of th	29d. O/	ATE SIGNE	D (Month, Day, Year)	1
<u>و</u>	30. NAME AND ADDRESS O	PERSON WA	D COMPLETED ON	ISE OF DEATH AT	EM 270 /5-	Dolpus 1		100	90	دن				ᅴ
	U. HAME AND THE			OF OF DEALE (III	m ≪rj{nype	, can)								- 1
	31. DATE FILED (Month, Day,	Metar)	32 REGISTE	A STANATURA	andall	_								$\dashv$
	MAR 28	90	gunar	July (MOD) - 1										
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BOX 13146	ENDING DUVCINIAN: The law requires that the death certificate he executed within
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SION OF VITAL RECORDS,	radilira
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	FOR 1 - STATE REGISTRAR		STATE OF !	MARYLAND C	/ DEPAI ERTIF					MENT	AL HYGIEN	E		0 1177
	1. DECEDENT'S NAME (First,	Middle, Last)								2. DA	TE OF DEATN			3. TIME OF DEATN
		k Towe	rs,	Sr.				Ö	4-01-1	990	YEAR	6:55 P M		
	4. SOCIAL SECURITY NUME	ER	6. SEX	6. AGE (In yrs. le	ast birthday)	IF UNDER	DAYS	IF UNDE	R 24 HRS.	7. DAT	TE OF BIRTN onth, Day, Year)		8. BIRTN Countr	IPLACE (State or Foreign
	214-30-84	1 💢 M 2 🗆 F	57	YRS.	MONTHS	DATO	HOUNS	MILITY.	0	5-01-3	2	Маі	yland	
~	9e. FACILITY NAME (If not in		9b. CITY			ION OF DE	EATN			NTY OF D				
5	Rt. 1, Bo	X 116			HUI	loc	K			υ0.	Lene	ester		
EC	10a. STATE	10b. COUNTY	1	10c. CITY, TOWN OR LOCATION									10d. INSIDE CITY	
F	Maryland	Dore	chester Hurlock									1 YES 2 XNO		
AL	10e. STREET AND NUMBER						101	ZIP COD				10g. CITI	ZEN OF V	VHAT COUNTRY?
FUNERAL DIRECTOR	Rt. 1, Box 116C 21643 U.S.A.										٦.			
5	11. MARITAL STATUS  1 Never Merried 2	Marie A	12. WAS DECEDER	T EVER IN U.S. A	RMED						GIN? (Specify Yes to Ricen, atc.)	or No-	14. RACE Black	E — American Indian, k, White, etc.
BY	3 Widowed 4 Divo		IF YES, GIVE	MAR OR DATES			1 TYES 2 NO Specify				Carrier Cover		Speci	"y: White
	15. DEC	EDENT'S EDU	CATION	16a, D	ECEDENT'S	S USUAL C	CCUPATIO	ON		To	16b. KIND OF BUS	INESS/IND	USTRY	W.1.2.00
	(Specify onl	y highest grade	completed) Cotlege (1-4 or 5		Give kind of a. Do NOT u	work done use retired.)	during mo	st of work	ing					
립	9th			S	Shop Foreman						Trailer Repair			
COMPLETED	17. FATHER'S NAME (First, M									-	t, Middle, Melden			
BE	Milt		rey To	owers										ambert
6	19e. INFORMANT'S NAME (1										umber, City or Tow			0.1000
	Mrs. Kath	2	ers-So.							, 1	Abingd	-		
	20b. PLACE OF DISPOSITION 1 Densition 5 Other (Specify) Hillcrest Cemetery, cremetory or State 4 Densition 5 Other (Specify) Hillcrest Cemetery Federalsburg,													
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY												ry, MD	
	Michael J. asker Framptom-Hawkins Funeral Home												Home	
_	23. PART I. Enter the d	1 1	001011				Fed	era	lsbu	ITO	MD 2	1632		
		eert felfure. nal	s. Asphyx	use on eech lir	10.				ymy, suc		ordiac or resp	natory an		Approximete Interval Between Onset and Death Minutes
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST  b. Fall OUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  d.													
PHYSICIAN: MEDICAL	PART II. Other algnifted Ocular Me								given in	Part I	24a. WAS AN PERFOI 1 YES 2	RMEO?	246	D. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2  NO
CIA	25. WAS CASE REFERRED T EXAMINER?	O MEDICAL	HOSPITAL:			OTHE		LACE OF	DEATN (Ch	eck only	/ one)			
XSI	1 XYES 2 NO		1   Inpettent 2		_	4 🗆 Nu	rsing Non		Residence		ther (Specify)			
		Pending	26a. DATE O (Month,	Pay, Year)	26b. TI	ME OF	WC	DRK?		28d.	DESCRIBE NOW	NJURY OC	CURED	
BY	2 Accident	Investigation	4-1-9 28e, PLACE	OF INJURY — At I		own for	1 L		□ NO		T fell			
	3 Suicide 6 4 Homicide	Could not be datermined	Dullaing	, etc. (Specify)	,	,,	,			(	City or Town, State,			rlock Md.
	29a. CERTIFIER	TIEVING PHYS	ICIAN: To the best of	t home	death coor	med at the	time date	and place	n and du					TIOCK Fid.
COMPLETED	one) 2 MED	ICAL EXAMINE	ER: On the basis of					leath occ	ured at the	time, c		nd due to t	he cause(	e) and manner as stated.
BE	296. SIGNATURE AND TITLE	MC.	R						CENSE NUI	MBER				O (Month, Day, Year)
2	30 NAME AND ADDRESS OF	F PERSON WI	O COMPLETED CAL		FM 27) (747		MAN.	ן טע	052			4	<b>-3-</b> 9	U
	James F. McCarter, M.D. 400 Aurora Street Cambridge Maryland 21613													
31. DATE FILED (MORT) DOWN YOR) 190 32. REGISTRAR'S SIGNATURE														

TAMO 21203-3146

BALTIMORE, I

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the statement of the control of the statement of the sta

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

1. DECEDENT'S NAME (First,	Middle, Last)	ATZA	TIANIDA I	ODOT	1117 11	ממיז	CITATI		2. DATE OF DEAT			3. TIME OF DEATH	
SISTER M.		TRUDE, (	WANDA I	JUKUI	HI W	EKP	SHAW		MDNTH	DAY	1990	8:00 A. N	
4. SOCIAL SECURITY NUMBER	ER	5. SEX	6. AGE (In yrs. les		IF UNDER		IF UNDER		7. DATE OF BIRT	1	8. BIRT	THPLACE (State or Foreign	
230-68-2788		1 M 2 XF	81	YRS.	MONTHS	DAYS	HOURS	MIN.	NOV. 20		908 PENNSYLVANIA		
9a. FACILITY NAME (If not ins	titution, give s	treet and number)			9b. CITY,	TOWN (	OR LOCATION	ON OF DE			COUNTY OF		
5000 STRATH		AVENUE			KENSINGTON MON							GOMERY	
10e. STATE	10b. COUNTY	Y		10c. CITY	, TOWN O	R LOCAT	TION					10d, INSIDE CITY	
MARYLAND		MONTGO	MFRY		KE	NST	NCTO	NT.				LIMITS?	
TOTAL REPORT									WHAT COUNTRY?				
5000 STRAT	HMORE	AVENUE						2089	5		TICA		
11. MARITAL STATUS	ILIORE		IT EVER IN U.S. AR	MED	13. \	NAS DEC	_		NIC ORIGIN? (Speci	v Yes or No	USA D- 114. RAG	CE — American Indian.	
1 Never Married 2 1 1 3 Widowed 4 Divor		FORCES? 1	YES 2 X	10	1	yes, sp		n, Mexica	in, Puerto Rican, at		Ble	ck, White, etc.	
	DENT'S EDU	CATION	40- 05	OCOPHIEN I	10111	O IO TI	041					WILLE	
(Specify only	higheet grade	completed)	(G	CEDENT'S U	ork done o	CUPATIO	ON ost of working	ng	166. KIND O	F BUSINES	S/INDUSTRY		
Elementery/Secondary (0-	12)	College (1-4 or 5	+)	ACHER					DELT	GIOUS			
	A Residence	4	115.	ACHER	_								
17. FATHER'S NAME (First, Mic PETER WERP									ME (First, Middle, M				
						_		JLIN		OMKOV			
196. INFORMANT'S NAME (Ty		TAGII							Route Number, City of				
SISTER CATH												YLAND 20895	
20a METHOD OF DISPOSITION 1 N Burlel 2 □ Cremetion		oval from State	20b. PLACE other pl	ece)				natory or			N — City or		
4 Donation 5 Dother			MT. O	LIVET		_				ASHI	NGTON,	D.C.	
21. SIGNATURE OF FUNERAL	. SERVICE LIC	CENSEE	1 /	7	22. FR	ANC	TS I	SS OF FA	LLINS FU	NERAT	HOME	TNC	
1 / Ke	ugen	my	Vanter)	_								SP., MD 209	
disease or condition resulting in death)  Sequentially list condition and the condition of	ons, flata NG ry		O (OR AS A CONSE	OUENCE OF	ET	45	TAT	IR G	01554	-SE		e Mo	
PART II. Other algnifican							g cause	given in	PE	AS AN AUTO	2	4b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
25. WAS CASE REFERRED TO	MEDICAL					26. P	LACE OF D	EATH (C	neck only one)				
EXAMINER?		HOSPITAL:	☐ ER/Outpatient 3	DOA	OTHER A Num		ne 5 🗆 B	esidence	8 Other (Specifi	4)			
27, MANNER OF DEATH	Pending	28e. DATE O		28b. TIME	E OF	28c. IN.	JURY AT DRK?		28d. DESCRIBE		Y OCCURED		
2 Accident	nvestigation Could not be	28e. PLACE (	OF INJURY — At he, atc. (Specify)	ome, farm, s	treet, fact		YES 2	NO	28f. LOCATION (S City or Town,		umber or Rura	I Route Number,	
4 Homicide	Setermined								only or nown,	Chandy			
anal only		ICIAN: To the best of										e(e) end menner ee stated.	
29b. SIGNATURE AND TITLE				7	2				VIII COLLUINI				
- Fruit	Zd.	elan	cef /h	al			ZFG, LIC	ENSE NU	moEn	290	H/	5 90	
30. NAME AND ADDRESS OF	/ ^		SE OF DEATH (ITE	M 27) (Type,	Print)	1 - 1			0	0.	4	H = ~	
KICHARD Y. 31. DATE FILED (Month, Day,		22. REGISTR	AR'S SIGNATURE		HAV	AR	D S	1.	SILVE	1 210	KING 1	MD 20906	
APR 09'9	0	Freha Da	vidson-Rang	Lope									
		-0										DHMH-18 Rev 1	

DIVISION OF VITAL RECORDS, P.O. BOX 13146, TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death cert TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending be filed within 72 hours after death with the State Dept. of Health and Mental Hygis IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or of

1		-	3
l	4	ng physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, pa	
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	OURS	드	med
	ertificate be executed within 24-rours after death. Page 6 may be retained by the hospital or attending physician.	ng physician and completely filled in by the giene prior to burial, cremation, or removal.	other traumatic event, the medical examiner must be notified at once.
•	ulti	etely	11. 1
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re	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENI
ISTRAR	CERTIFICATE OF DEATH REG. NO.

	1 - FOR STATE REGISTRAR	TATE OF MARYLAN	ND / DEPARTI				GIENE a. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) WALTER RA	y WA.	TKINS			2. DATE OF DEA MONTH April	TH	YEAR	3. TIME OF DEATH 7:10 P M	
	4. SOCIAL SECURITY NUMBER 5. S	SEX 6. AGE (In		F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRT (Month, Day, Y	TH hard	6. BIRTH	PLACE (State or Foreign	
	237-42-7910	X M 2 □ F	59 YRS. M	ONTHS DAYS	HOURS MIN.	July 8,			th Carolina	
	9a. FACILITY NAME (If not institution, give street a		9	b. CITY, TOWN O	R LOCATION OF DEA	ATH	9c. COU	ITY OF D	EATH	
5	1235 Potomac Valley	Road		Rockville			Mon	Montgomery		
2	10a. STATE 10b. COUNTY	10c. CITY,	r, TOWN OR LOCATION				10d. INSIDE CITY			
DIMECTOR	D.C. N/A		Was	hington					LIMITS?	
	10e. STREET AND NUMBER	1		ZIP CODE		10g. CITI	ZEN OF W	HAT COUNTRY?		
H	91 Sheridan Street	, N.E.						ted	States	
BY FUNEHAL	1 News Married 2 Married	WAS DECEDENT EVER IN U FORCES? 1 X YES IF YES, GIVE WAR OR DATE	2NO	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or If yea, specify Cuban, Maxican, Puarto Rican, etc.)  1  YES 2 NO Specify:					9- 14. RACE — American Indian, Black, White, etc. Specify: Black	
E	15, DECEDENT'S EDUCATIO (Specify only highest grade comp		16a. DECEDENT'S US	SUAL OCCUPATION	N et of working	16b. KIND (	OF BUSINESS/IND			
	Elementary/Secondary (0-12) Co	ollege (1-4 or 8+)		k done during moretired.)		_				
COMPLEIED	8		Truck D	river			sportat:	ion		
_	17. FATHER'S NAME (First, Middle, Last)  John Watkins				16. MOTHER'S NAM					
H H	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DORESS (Street a	Mamie Co			Code		
2	Karen Watkins				treet, N				C. 20011	
	204 METHOD OF DISPOSITION	206. 1	PLACE OF DISPOSIT				Oc. LOCATION -	-		
	1 ABurial 2 Cremation 3 Ramoval 4 Donation 6 Other (Specify)		ck Creek					ton, D.C.		
	21. SIGNATURE OF FURIFICAL SERVICE LICENS	well-			Georgia				Service	
	23. PART /. Enter the diseases, or comp	plicetions that caused	the death. Do no						Approximate	
	shock, or heert fallure. List  IMMEDIATE CAUSE (Final disease or condition resulting in death)  s			leu	ц				Onset and Death	
	disease or condition resulting in death)  S. Carcinoma of the consequence of the conseque									
HIFICATION	Sequentielly list conditions, If any, leeding to immediate DUE TO (OR AS A CONSEQUENCE OF):									
3	CAUSE (Disease or Injury Due to (or as a consequence of):									
	that initiated events resulting in deeth) LAST									
3	6								+	
MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying of						PERFORMED? YES 2 NO	246	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
						-			1 YES 2 NO	
AN	25. WAS CASE REFERRED TO MEDICAL			24 DI	ACE OF DEATH (Che	ak aak ana)				
2	EXAMINER? HO	OSPITAL:		отнен:	e 6 🗆 Residence		(6.1)			
BY PHYSICIAN:	27. MANNER OF-DEATH	28a. DATE OF INJURY	28b. TIME	OF 28c. INJ	URY AT		HOW INJURY OC	CURED		
2	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	Day, Year) INJUR		RK? (ES 2 NO					
9	3 Suicide 8 Could not be 4 Homicide detarmined	25e. PLACE OF INJURY – building, etc. (Specifi		set, factory, office  261. LOCATION (Street City or Yown, State)			(Street and Numbe n, State)	et and Number or Rural Route Number, ite)		
COMPLET	29a. CERTIFIER 1 CERTIFYING PHYSICIAN	: To the best of my knowle	dge, death occurred	at the time, data	and place, and dua	to the cause(a) a	ind manner as sta	ted.		
Š	one) 2 MEDICAL EXAMINER: O	n the basis of examination	and/or investigation	in my opinion, d	eath occured at the	time, data and p	lace, and due to t	he cause(	a) and manner as stated.	
O BE C	296. SIGNATURE AND TITLE OF CENTURES	Lenken	U		DOGG.	1A	29d. DAT	4/2	(Morth, Day, Year)	
=	30. NAME AND ADDRESS OF PERSON WHO CO	DMPLETED CAUSE OF DEAT		Print)	309 S WHEAT	SHORE A	FIELD	R	D	
	APR 05 90	32. REGISTRAR'S SIGNA	TURE Seer Andal	2						

1	FOR STATE OF MARY	LAND / DEPART			WENTAL HYGIENI REG. NO.			
•	1. DECEOENT'S NAME (First, Middle, Last) Hazel S. West		2. DATE OF OEATH	54 1 <sup>VI</sup>	3. T	B: 40P M		
	4. SOCIAL SECURITY NUMBER 221-18-3662 5. SEX 1 □ M 2 💢 F	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Dec. 23, 18	396	Country)	E (State or Foreign Wまたe		
E	ee. FACILITY NAME (If not institution, give street end number)  Calvert Manor Nursing H  RESIDENCE OF DECEDENT	Risin	Sun	ATH	9c. COUNTY	OF DEATH		
DIMECTOR	10e. STATE 10b. COUNTY Delaware NewCastle	ion ton				INSIDE CITY LIMITS?		
FUNEHAL	10. STREET AND NUMBER 607 West 29th St.			. ZIP COOE 1 9 8 0 2		10g. CITIZEN OF WHAT COUNTRY?		
BY FUN	11. MARITAL STATUS  1 Never Merried 2 Merried  3 Wildowed 4 Divorced  12. WAS DECEOENT EVER FORCES? 1 VE	S 2 NO	If yes, sp		IIC ORIGIN? (Specify Yea n, Puarto Rican, etc.)	or No 14.	r No- 14. RACE - American Indian, Black, White, etc.  Specify White	
PLEIEU	15. DECEOENT'S EOUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5+)	Ille. Do NOT use	rk done during mo	st of working		BUSINESS/INOUSTRY  UCation		
BE COMPL	17. FATHER'S NAME (First, Middle, Lest) Albert Palmer				ME (First, Middle, Melden H. Morr			
- III	198. INFORMANT'S NAME (Type/Print) Joseph C. West	4661	Bailey	Dr. Li	Route Number, City or Town .mestone	a, State, Zip Co Acres	wil	m.De1930
	1 Buriel 2 Cremation 3 Removal from State	other place of oisposing other place) Gracelawi	n Memo		rk New	Castl		laware
4	Doherty Limestone Rd. Wilm. De  23. PART I. Enter the disasses, or complications that caused the dasth. Do not antar the mode of dying, such as cardiac or respiratory arrest,   Approximata							
	IMMEDIATE CAUSE (Final	disease or condition						
NO.	Sequentially list conditions,  If any, leading to Immediata  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):							
ENTIFICATION	cause. Entar UNDERLYING CAUSE (Disease or Injury that Initiated eventa reaulting in death) LAST  d.							
MEDICAL C	PART II. Other aignificant conditions contributing to death	but not reaulting in	tha underlyin	g cause given in	Part I. 24a. WAS AN PERFOR	MEO?	AVA COI OF	RE AUTOPSY FINDINGS ILABLE PRIOR TO MPLETION OF CAUSE DEATH?  YES 2 NO
PH TSICIAN.	25. WAS CASE REFERREO TO MEDICAL  EXAMINER?  1  YES 2 NO 1							
BY PHY	27. MANNER OF DEATH  1 Netural 5 Pending (Month, Day, Year Investigation Investigation)	Y 28b. TIME	OF 26c. IN.	URY AT PRK? YES 2 NO	6 Other (Specify)  28d. DESCRIBE HOW INJURY OCCURED			
	Z Decident	IRY At home, ferm, sti pecify)	At home, farm, street, factory, office		26t. LOCATION (Street and Number or Rural Route Number, City or Town, State)		Number,	
COMPLEIED	29s. CERTIFIER (Check only one)  1  CERTIFYING PHYSICIAN: To the best of my kn one)  2  MEDICAL EXAMINER: On the basis of examinations of examinations of the basis of examinations of examinations of examinations of examinations of examinations of examinations of examinations of examinations of examinations of examinations of examinations of examinations of exami							d menner as stated.
O DE	296. SIGNATURE AND TITLE OF CERTIFIER  296. LICENSE NUMBER  296. LICENSE NUMBER  296. DATE SIGNED (Month)  4/6/90						nth, Day, Year)	
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF  James L. Dearworth, MO  31. DATE FILEO (Month, Day, Year)  APR 690  32. REGISTRAR'S SI  Guna Davidson	erk, Pal.	1971)	,				
	31. DATE FILEO (Month, Day, Your) APR 6 90 Guha Davidson	-Pandale						

e hos	etache	nca.
N th	e e	Te le
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital to the control of the property of the prop	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache filled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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Cit Di	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	the r
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L DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	been of of	3 she
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STATE	0F	MARYLAND	/ DEPARTMENT	OF H	HEALTH	AND	MENTAL	HYG	ENE
		C	ERTIFICATE	OF	DEAT	H		REG.	NO.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAN		ENT OF HEAL		MENTAL HYGI REG.			
BY FUNERAL DIRECTOR -	1. DECEDENT'S NAME (First, Middle, Last)  W. CARL WHITE			2. DATE OF DEATH MONTH DAY YEAR 2: 3. TIME OF 2: 3. TIME OF 2: 3. TIME OF 2: 3. TIME OF 2: 3. TIME OF 2: 3. TIME OF 2: 3. TIME OF 3.					
	4. SOCIAL SECURITY NUMBER  214-05-4925  5. SEX  1 M M 2 F  8. AGE (in yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24  88 YRS. MONTHS DAYS HOURS 1					IRS. 7. DATE OF BIRTH (Month, Dey, Year) 8. BIRTHPLACE (State or Foreign Country) 08-08-1901. MD			
	9a. FACILITY NAME (If not institution, give street  18 N. Allega	cation of de erland		9c. COUNTY	of DEATH  legany				
	100. STATE ND A	10c. CITY, T	OWN OR LOCATION  Cumb	erlan	đ		10d. INSIDE CITY LIMITS? 1 X YES 2 NO		
	10e. STREET AND NUMBER 18 N. Allega	10f. ZIP CODE 21502				10g. CITIZEN	USA		
	11. MARITAL STATUS  1 ☐ Never Merried 2 ☑ Merried  3 ☐ Widowed 4 ☐ Divorced	J.S. ARMED 2 NO ES	RMED  13. WAS DECENOENT OF HISPANIC ORIGIN? (Specify Yee or No— 1  If yes, specify Cuben, Mexican, Puerto Rican, etc.)  1 □ YES 2 NO Specify:				RACE — American Indian, Black, White, etc. Specify: WHITE		
COMPLETED		ON ppleted) college (1-4 or 8+)	(Give kind of work life. Do NOT use re	ECEDENT'S USUAL OCCUPATION  3ive kind of work done during most of working  8. Do NOT use retired.)					
	12 17. FATHER'S NAME (First, Middle, Last)		vice	oreside 18.	dent brewing co  18. MOTHER'S NAME (First, Middle, Meiden Surname)				
TO BE	Warren C. Wh	ilte		DRESS (Street and No	ımber or Rural F	loute Number, City o		de)	
	Sarah D. White  20e, METHOD OF DISPOSITION 1 M Buriel 2 Cremation 3 Remove 4 Donetion 5 Other (Specify)	from State	L 18 N PLACE OF DISPOSITI OTHER PIECE)		crematory or	200	. LOCATION — City	or Town, State	
	21. SIGNATURE OF FUNERAL SERVICE LICEN		IL	22. NAMEAND AS	PES II	Funer d, MD 2	al Home	land, MD	
MEDICAL CERTIFICATION	23. PART/. Enter the diseases, or complications thet/ceused the death. Do not enter the mode of dying, such as cerdiec or reapiratory arrest, shock, or heart fellure. List only one ceuse on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)  Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury)  DUE TO (OR AS A CONSEQUENCE OF):								
	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given					PE	S AN AUTOPSY RFORMED? ES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 M NO	
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  HOSPITAL:  OTHER:								
PHYSICIAN:	27. MANNER OF DEATH  1 Natural 5 Pending		Nursing Home 5 28c. INJURY	AT	8 Other (Specify 26d, DESCRIBE H	RED			
TED BY	2 Accident Investigation 3 Suicide 8 Could not be determined	— At home, ferm, stre			281. LOCATION (S City or Town,	N (Street and Number or Rural Route Number, wn, State)			
COMPLET	one of the state o	N: To the best of my knowle On the basis of examination						ceuse(e) end menner ee stated.	
TO BE C	D/6041 > 49-						IGNED (Month, Day, Year) IG-GO		
_	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  Dr. Terry Williams, M.D., Memorial Hosp. Med. Bldg, Cumb., MD								
	APR 1 1 1990	32. REGISTRAR'S CICNA	TURE						